



**Ss. Cyril & Methodius Parish
Sterling Heights, MI**

Submitted by: Name (please print) _____

Phone Number (_____) _____

Mailing Address _____
and Street name

City _____ MI _____ ZIP

Please attach all receipts to this form! No reimbursements without a receipt.

| Description of expense and purpose | Amount |
|------------------------------------|--------|
| | |
| | |
| | |
| | |
| | |

| | |
|--------------|-----------|
| TOTAL | \$ |
|--------------|-----------|

Reimbursement Instructions (please check one below)

Apply to my Family Dues Balance

Date Recorded: _____

Reimburse by Check to me

Check # _____

Check Date: _____

Donate back to the Little Flowers Girls Club Date Recorded: _____

(This may be a charitable contribution on your income taxes listed as Ss. Cyril & Methodius Church Little Flowers Girls' Club.)