

# Council Reimbursement Request

Please Type or print legibly

Date Submitted:

Diocese		Council #	
Parish		Grand Knight	
District Deputy		GK Cell Phone	
Is this request for reimbursement?		Total Re-imburement Amount	
<b><i>Food Costs Reimbursement</i></b>			
Types of foods			
How many meals per day ?		How many days?	
Purchase Dates		Amount	
<b>Receipts must be furnished</b>			
<b><i>Expendable Supplies Reimbursement</i></b>			
Types of items			
Purchase Dates		Amount	
<b>Receipts must be furnished</b>			
<b><i>SYSCO Account Food Purchasing Information</i></b>			
For Council using SYSCO, provide Order ID #		Council Contact	
		Cell Phone	
Ship to Address:		Zip	
Name of facility			
<b><i>Approvals for all Requests</i></b>			
GK/FS Approval		SERC Approval	
RERC Approval		SD Approval	
Comments:			