

**North Macomb Vicariate**  
**Check Request for Reimbursement**

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**Name of Payee** \_\_\_\_\_

**to be Reimbursed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_

**Category** \_\_\_\_\_ **Amount** \_\_\_\_\_

**Description** \_\_\_\_\_

\_\_\_\_\_

**Requested by:** \_\_\_\_\_

**Approved By** \_\_\_\_\_ **Date** \_\_\_\_\_

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**"Category" refers to one of the approved budget areas for the fiscal year.**

**Fill out, sign, and send with sufficient documentation of expenses to:**

**Rev. David Buersmeyer, Vicar**  
**SS. John and Paul Parish**  
**7777 28 Mile Rd.**  
**Washington, MI 48094**

