

Sons of Italy of OC # 2474 Member Reimbursement / Vendor Payment Request Form

Date: _____ Requested By: _____ Amount: \$ _____

Purpose: _____ Reimburse member Pay vendor

Pay to: _____ Mail check to vendor Do not mail check

Vendor's Mailing Address: _____

Please complete and return this form to the SOI of OC/Lodge 2474 Financial Secretary along with the appropriate documentation (contract, invoice, receipt, statement, proposal, etc.)

Please Do Not Write Below This Line

Date Paid: _____	Check # _____	Amt. Paid: \$ _____	Approved By: _____
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