

Girls Friendly Society
Diocese of Los Angeles

Request for check/reimbursement (receipts must be attached)



Date _____ Requested by _____

Payable to _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ email _____

Amount \$ _____ Charge to _____

For _____

Mail to: Madeline Nolde 2029 Lemnos Drive Costa Mesa, CA 92626

For Treasurer Use: Authorized by _____

Check issued by _____ check no. _____

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