



**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	\$
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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.)