

**DIOCESAN COUNCIL OF CATHOLIC WOMEN**  
**Request for Reimbursement**

Date of Purchase \_\_\_\_\_

Merchant(s) Name(s) \_\_\_\_\_  
\_\_\_\_\_

Description of Purchase \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purchase Amount \$ \_\_\_\_\_

Please reimburse the above expense to

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_, the undersigned do certify that the above  
purchase was made for official DCCW business.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail Request for Reimbursement Form along with copies of receipts to:

**DCCW Treasurer**

**Betty Otto**

**129 Farrah Avenue,**

**Niceville, FL 32578**

**850-897-7766**

**[ottoem@cox.net](mailto:ottoem@cox.net)**