

**Christ Child Society of Naples, Florida
Reimbursement Form**

PLEASE PRINT

Member name _____

Address _____

City _____ State _____ Zip _____

Phone number _____

Amount requested/spent \$ _____

Please check below for payment.

Pay to member _____ Pay to company from invoice _____

No reimbursement (donation in kind) _____

Please indicate the category or categories for which the expense was incurred.

Example: Office Supplies, Layette, Golden Gate School, etc.

Please state the specific item purchased. Example: Yarn, Printing Costs, Books, etc.

Signature of member _____

Please attach receipts or they can be emailed to elsewhere8665@gmail.com. Thank you.

Address:

Bobbi Rossi
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Naples, FL 34108
239-598-1568
239-272-9148
email: elsewhere8665@gmail.com