



Our Lady of Angels Conference Society of St. Vincent de Paul Check Request/Payment Form

Updated: June 16, 2024

Date of Request		Case Number/ Member Reimbursement	
Check Amount		Last 4 digits of debit card:	
Check/Payment Made to			Check Date
Address			
City		State VA	zip
Client Interaction (Circle one)	Home Visit Telephone In-Person at SVDP		Check/Payment Confirmation #

Please Select the Account(s) for this transaction. Itemize below as needed.		
Client Housing Assistance ☐ Hotel/Motel ☐ Rent Client Utilities Assistance ☐ Telephone/Cell Phone ☐ Water ☐ Gas (Natural or Propane) ☐ Electric Client Medical Assistance ☐ Health Insurance ☐ Medicine/Prescriptions ☐ Doctor Fees Client Other Assistance ☐ Auto Repairs ☐ Auto Insurance ☐ Fuel Gas Card ☐ Funeral ☐ Other (explain below)	SVDP Food Pantry ☐ Groceries ☐ Grocery Store Gift Cards ☐ Personal Hygiene ☐ Baby Diapers, Wipes, Formula, etc ☐ Operating Expenses SVDP Subscription Services ☐ Video Conferencing (e.g., Zoom) ☐ SVDP Case Management System ☐ Website (e.g., Go Daddy) ☐ Other SVDP Projects and Events ☐ Public Relations/Outreach ☐ Winter Coat Drive ☐ Thanksgiving Food Drive ☐ Christmas Toy Drive ☐ Grant Fees	SVDP Projects and Events continued ☐ SVDP Retreat ☐ Easter ☐ Training and Materials SVDP Operating Expenses ☐ Building Material and Repairs ☐ Building Utilities ☐ Cleaning Services ☐ Furniture ☐ Computers, printers, etc. ☐ Office Supplies ☐ Postage ☐ Printing ☐ Conference Books and Materials ☐ Other (explain below under) SVDP Twinning (Location): _____

Brief Description, Itemized Expenses and/or Special Instructions

Member Name (Please Print)	
Member Signature	
Officer Signature	
Case hours:	