

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	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		
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Case hours:		