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 Cas 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:	