



**CIRO QUATTROCCHI**  
 President,  
 Business Manager

**LAY FACULTY ASSOCIATION, LOCAL 1261**

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 FLUSHING, NEW YORK 11354-2664  
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**LFA Schools:**

Archbishop Molly HS, Bishop Kearney HS, Bishop Loughlin Memorial HS, Bishop McGann-Mercy HS,  
 Christ the King Regional HS, Holy Trinity HS, Nazareth Regional HS, St. Edmund Prep HS,  
 St. John the Baptist HS, The Child School / Legacy HS, Xaverian HS

**Monthly Reimbursement Voucher**

All reimbursements **MUST** include a receipt/paid invoice/credit card statement matching the amount of payment. Please **PRINT**

Check payable to: \_\_\_\_\_ Check amount\$ \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Date: \_\_\_\_\_

**State the reason for the amount requested for reimbursement**

Travel reimbursement must include a separate statement including date, miles of travel and the reason Travel \_\_\_\_\_ miles Parking \_\_\_\_\_

Tolls \_\_\_\_\_ (Monthly statement or receipt attached)

Negotiation meeting \_\_\_\_\_ Other meetings \_\_\_\_\_

Who was in attendance \_\_\_\_\_

Supplies \_\_\_\_\_ Copy service \_\_\_\_\_ Awards \_\_\_\_\_

Accounting supplies \_\_\_\_\_ Office supplies \_\_\_\_\_

Meals \_\_\_\_\_ Who was in attendance \_\_\_\_\_

Reason for meeting \_\_\_\_\_ Where was the meeting \_\_\_\_\_

Recruitment \_\_\_\_\_ Location \_\_\_\_\_ Supplies \_\_\_\_\_

Miscellaneous \_\_\_\_\_ \$ \_\_\_\_\_

Signature of person requesting payment \_\_\_\_\_

Date of request \_\_\_\_\_ Treasurer's signature \_\_\_\_\_

Audit committee review date \_\_\_\_\_ Signature \_\_\_\_\_