

Trinity Vicariate
16805 Pierson St.
Detroit, MI 48219
313 532-1211
vclore@hotmail.com

Check Request: Program _____ Item _____ \$ _____

Pay To: _____ (attach bill payable, or receipt for reimbursement)

Address _____ City _____ State ___ ZIP _____

Approved By: _____ (print) _____ (signature) _____ (date)

Trinity Vicariate
16805 Pierson St.
Detroit, MI 48219
313 532-1211
vclore@hotmail.com

Check Request: Program _____ Item _____ \$ _____

Pay To: _____ (attach bill payable, or receipt for reimbursement)

Address _____ City _____ State ___ ZIP _____

Approved By: _____ (print) _____ (signature) _____ (date)

Trinity Vicariate
16805 Pierson St.
Detroit, MI 48219
313 532-1211
vclore@hotmail.com

Check Request: Program _____ Item _____ \$ _____

Pay To: _____ (attach bill payable, or receipt for reimbursement)

Address _____ City _____ State ___ ZIP _____

Approved By: _____ (print) _____ (signature) _____ (date)