



THE ARCHDIOCESAN COUNCIL OF BOSTON

Society of St. Vincent de Paul

THRIFT STORE VOUCHER FORM

ISSUE DATE _____

CLIENT NAME _____

ADDRESS _____

THRIFT STORE LOCATION _____

AMOUNT _____

ITEMS AUTHORIZED _____

CONFERENCE NAME _____

CONFERENCE LOCATION _____

VINCENTIAN NAME _____

VINCENTIAN TELEPHONE _____

VINCENTIAN EMAIL _____

Valid for 30 days from date of issue

CLIENT ID REQUIRED

| OFFICE USE |
|---------------------------|
| Case Number _____ |
| Conference Code _____ |
| Date Used _____ |
| Amount Used _____ |
| Client Signature _____ |