



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<br>_____      |
| Conference Code<br>_____  |
| Date Used<br>_____        |
| Amount Used<br>_____      |
| Client Signature<br>_____ |