

**District 7 AFG
Expense Reimbursement Form**

Requesting Name: _____
Mailing Address: _____
City, State, Zip: _____

Please reimburse the following expenses:
(Include the expense; the budget category; the amount; any needed description; and who to reimburse if different from above name. Please attach receipts to form.)

	<u>Expense & Budget Category</u>	<u>Amount</u>
1.	_____	\$ _____
	Description: _____	
2.	_____	\$ _____
	Description: _____	
3.	_____	\$ _____
	Description: _____	
4.	_____	\$ _____
	Description: _____	
	Totals	\$ _____

Person to be reimbursed: _____

Signature: _____ Date: _____

Paid with check no.: _____
Date paid: _____

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