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| **Name:** |  | |
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| **ITEMIZED EXPENSES** |  |  |
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| **DATE** | **DESCRIPTION** | **COST** |
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|  | **TOTAL** | **$** |
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| **SIGNATURE:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DATE: \_\_\_\_\_\_\_\_\_** |
| **APPROVED BY:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DATE: \_\_\_\_\_\_\_\_\_** |

\*Receipts for all items MUST be attached. Complete this form and return to the Administrative Assistant or PTO treasurer for processing.

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| For office use only: |
| Date submitted to accounting: \_\_\_\_\_\_\_\_\_ | Date reimbursement check issued: \_\_\_\_\_\_\_\_ | Check No. \_\_\_\_\_\_\_\_\_ |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |