



REIMBURSEMENT
REQUEST

DATE _____

AMOUNT \$ _____

Make check payable to: _____

Reimbursement is for: _____

SIGNATURE: _____

Please circle one of the following budget categories:

- | | |
|-------------------|--------------|
| Holiday Lunch | Outreach |
| CNCH | Picnic |
| County Fair Award | Programs |
| Education Project | Publicity |
| Hospitality | Treasure |
| Library | Workshop |
| Membership | Other: _____ |
| Newsletter | |

Sign back of the receipt(s) and attach the to this form.

Submit Form within 60 days to the Treasurer

Ginny Gill
6521 Stone Bridge Rd
Santa Rosa, CA 95409



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