



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

Judy Tipple  
136 Bear Flag Road  
Sonoma, CA 95476



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