	Reimbursement Request	1
Name:	Date of Request:	
Activity for which supplies are reques	ted:   Class:	
	□ Special Event:	
Date of Class/Event:		
Purpose:		
Items Needed:		
□ I have already purchased the items □ I am requesting funds to purchase	and need reimbursement (attach receipt) (requires prior appr the above items.	oval).
Amount: \$	Date purchased/needed:	

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