

# Oregon Mid-Winter Square Dance Festival 20\_\_

## Request for Reimbursement

Reimbursement will only be approved with completed voucher and sales receipt attached.

Date of Request \_\_\_\_\_

Office/Committee Name \_\_\_\_\_

Vendor	Type of Item(s)	Amount

**Total** \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

**For Treasurer's Use Only:** Initials: \_\_\_\_\_

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ \$ \_\_\_\_\_

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