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## *Request for Reimbursement*

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This reimbursement request, accompanied with receipts, must be submitted to the office prior to payment. Sales tax will not be reimbursed. Obtain Form TC721-G from the bookkeeper to purchase tax free. If you are requesting reimbursement from more than one account, state how much from each fund.

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

Date: \_\_\_\_\_

SSN: \_\_\_\_\_

This reimbursement is for:

Date	Item	Purpose	Account	Cost
			Subtotal	
			Subtract Sales Tax	
			Total Reimbursement Request	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Authorized Signature

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