

PFOC Expense Reimbursement Form

Name _____ Date of request _____

Approved by (committee chairman, Board, etc.) _____

Expense category (training, trial, etc.) _____

Expense items (please staple receipts)	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Paid by check # _____ Date _____ Total _____

Approved by Treasurer _____

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