

**PITTSFORD CREW  
EXPENSE REIMBURSEMENT FORM**

(Please attach receipts to this form)

Date \_\_\_\_\_

PAY TO:

Name \_\_\_\_\_  
(Please print clearly)

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Total amount of receipts: \$ \_\_\_\_\_

Description:

-----  
(For use by treasurer)

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

Budget Categories: Amount:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

rev 5/26/03\_

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\_\_\_\_\_ \$ \_\_\_\_\_

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