PITTSFORD CREW EXPENSE REIMBURSEMENT FORM

(Please attach receipts to this form)

	Date		Date
PAY TO:		PAY TO:	
Name (Please print clearly)		Name(Please print clearly)	
Address		Address	
Phone number		Phone number	_
Total amount of receipts: \$		Total amount of receipts: \$	
Description:		Description:	
(For use by treasurer)		(For use by treasurer)	
Date Paid Check #	Total Paid \$	Date Paid Check #	Total Paid \$
Budget Categories:	Amount:	Budget Categories:	Amount:
	\$		\$
	\$		\$
	_ \$		
rev 5/26/03_		rev 5/26/03_	

PITTSFORD CREW

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