Big Red One Living History Organization, Inc.

Reimbursement form (under $250 per expense)

Reimbursement(s) for (state for example: Amount, Purpose, Event and Date) Attach receipt if applicable.

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Applicant (print name) Date

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*(To be filled out by an Officer)*

Total Amount approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approving Officers, at least 3 names required (print names)

Name Position

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Approval Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­

*\* Other accepted form of approval is a documented e-mail with above information.*