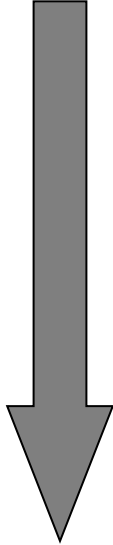


CASH Reimbursement Request

Use ONE Form for each RECEIPT

**ATTACH CASH
RECEIPT HERE**



Purchaser Name: _____

Date of Purchase: _____

Amount of Purchase:

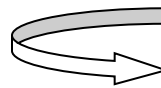
Purchased Where? Store/Vendor/etc.

Item (s) Purchased:

Reason for Purchase:

Charge to Account(s)/Amount(s):

Chief Jamison's Signature:
X _____



Return to Jennifer