EXPENSE REIMBURSEMENT REQUEST

SISTER CITIES OF VANDALIA, INC.
P.O. BOX 401
VANDALIA, OHIO 45377

Purpose of expenditure: _____

_____

Make Check Payable to:

_____

Send Check To:

Name: _____

No. & Street _____

City, St. & Zip _____

Description	**Amount**	Charge to Account No.
_____	$_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL =	_____	Date Pd._____
		Ck. No. _____

To Be Filled Out by Treasurer

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