REQUEST FOR EXPENSE REIMBURSEMENT

Date of Purchase:_________________________ Amount of Purchase: $_____________

Item Purchased:____

Place of Purchase:____

BARS Acct. No.___________________________

$$

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Item Purchased:____

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Item Purchased:____

Place of Purchase:____

BARS Acct. No.___________________________

$$

TOTAL EXPENSE---$_____________

I ________________________________hereby certify, under penalty of perjury, that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

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Signature, Title