

DALLIN PARENT TEACHER ORGANIZATION
2010-2011 REIMBURSEMENT FORM

Date: _____

From: _____

Amount: _____

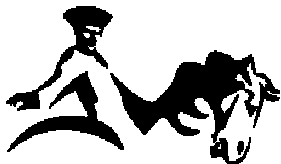
Purpose for expense: _____

Reimbursement check payable to: _____

Reimbursement check
sent to: _____

NOTES: _____

Please attach receipts. The deadline for submitting expenses is 2 weeks
after the close of the school year.



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