Allied Artists of Johnstown, Pennsylvania

EXPENSE REIMBURSEMENT

1 Committee, exhibit, or office for which item was purchased

2 Date of Purchase

3 Item(s) purchased

QTY	DESCRIPTION	COST PER UNIT	TOTAL

SUBTOTAL

TOTAL

4 Make reimbursement check payable to:

Name: _____

Address: _____

5. ATTACH RECEIPTS FOR ITEM(S) PURCHASED

TREASURER USE:

PD CHECK #	DATE PD