



Spring Hill Decorative Artists
Reimbursement Form

Receipts Must Be Attached

Date: _____

Name: _____

Category: _____

Items (listseparately) Price:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total: _____

Signature: _____

Authorized by: _____

Check# _____ Date: _____

Treasurer: _____



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