



Nature Coast Decorative Artists
Reimbursement Form
Receipts Must Be Attached

Date: _____

Name: _____

Category: _____

Items (list separately)	Price:
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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Total: _____

Signature: _____

Authorized by: _____

Check# _____ Date: _____

Treasurer: _____



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