

**Samish Island Community Center, Inc.
Expense Reimbursement Request**

I certify that I have incurred the following expenses on behalf of Samish Island Community Center, Inc., and hereby request reimbursement from the Treasurer:

Date	Description	Supplier	Amount
		Total	

Originals or copies of relevant receipts, invoices or other documentation are attached.

Signed: _____
 Date: _____
 Printed Name: _____
 Address: _____

Treasurer's Notes: Date paid: _____ Check # _____

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