

Request for Reimbursement

Littleton Fine Art Guild
2069 W Powers Ave., Littleton, CO 80120
303-795-0781

Date Requested _____

Committee _____

Pay To _____

Address _____

Phone _____

Itemize and describe below in detail the reason for reimbursement. Please ATTACH ALL RECEIPTS OR BILLS!

ITEMS PLUS DESCRIPTION

AMOUNT

ITEMS PLUS DESCRIPTION	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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