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Expense Report

Date: _____ Total Amount Requested: _____

Reimbursement for: _____

Name: _____

Address: _____

	Amount Requested	Comments
Airline		
Ground Transportation		
Hotel		
Food		
Other (List)		
TOTAL		

I hereby certify that the above expenditures represent cash spent for legitimate Association business only and includes no items of a personal nature.

Signature _____

Attach receipts and return to: Charles Davidshofer
4112 Attleboro Court
Fort Collins, CO 80525