

AVON NEWCOMERS CLUB
EXPENSE REIMBURSEMENT FORM

BOARD/COMMITTEE _____ DATE _____

NAME _____

PROJECT/EVENT _____

DESCRIPTION:	AMOUNT:
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL SUBMITTED (ATTACH RECEIPTS) \$ _____

TREASURER: CHECK ISSUED: _____ DATE: _____

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