Sudbury Savoyards

Q	1 1		SURER'S USE ONLY atte pd.:	
	Description		\$ Spent	
		Total Spent		
		Amount to be Donated		
		Payment Requested		
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Savoyard Requesting	g Reimbursement:			
Signature	(Print Name)	Date_		
		Is this donation anonymous?		
Street	City			
Approval		Role:		
YOUR NAME goes reimbursed to you. portion below. The	r expenses, please attach your store receipts as in the signature line. Be sure to indicate the If you are donating part or all of the expense Treasurer will sign the receipt and return it a	e amount donated and the s, please also fill out the as acknowledgement for y	amount to be RECEIPT rour tax records.	
Sudbury Savoyards	Donation Receipt			
(Name)	donated (amount) \$			
non-reimbursed expe	spenses incurred on behalf of the Sudbury Savoyards. Thank You.			
Treasurer's Signature		Date		