

**HDRPCA EXPENSE REIMBURSEMENT FORM**

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

<u>CLUB EVENT</u>	<u>DATE</u>	<u>DESCRIPTION</u>	<u>VENDOR</u>	<u>AMOUNT</u>	<u>RECEIPT*</u>	<u>DATE</u>
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TOTALS

\* PLEASE ATTACH ALL RECEIPTS

Mail to HDRPCA P.O. Box 113, Bend, OR 97709