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## REIMBURSEMENT VOUCHER

## Junior Auxiliary of Abbeville, LA www.jaofabbeville.org



Project Name:		
Name of Payee:		
Date Submitted:		
Expenditures		
Date Incurred	Description	Amount
	P. C.	
	Total	\$
<b>Required Signatures</b>		
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Payee:		
Project Chairman:		
To be completed by T	reacurer	
	i casui ci	
Check Number:		
Check Date:		
Amount \$:		
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I wish to donate my reimbursement to the Junior Auxiliary of Abbeville \_\_\_\_\_