

REIMBURSEMENT FORM
The Junior League of Akron, Ohio, Inc.

Date**: _____ Amount Requested: \$ _____

Make reimbursement check payable to: _____
(Name)

Send to (self-addressed stamped envelope attached):

(Address) (City) (State) (Zip)

Payment for: _____

Committee/Account to be charged: _____

Committee Chair Approval required

Date submitted to Treasurer

** ANY expenses submitted after June 30 for the League's previous fiscal year will not be reimbursed.

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Committee Chair: keep this part for Committee records.

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