

## ABATE OF OHIO, INC.

### EXPENSE REIMBURSEMENT REQUEST

Region \_\_\_\_\_ County \_\_\_\_\_

Requestor \_\_\_\_\_

Purpose of Reimbursement

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Receipt ID	Expense Item Description	Merchant Name, City, State	Date	Amount
0	Fuel: 200 miles from Columbus to Toledo and back	Shell Ohio, Columbus	8/4/16	\$35.00
1				
2				
3				
4				
5				
6				
7				
8				
9				
I attest that all expenses noted above are directly related to the above purpose. I understand that any expense may be approved or denied.			TOTAL	

Requestor Signature \_\_\_\_\_ Date \_\_\_\_\_

Treasurer Signature \_\_\_\_\_ Check Number \_\_\_\_\_ Date \_\_\_\_\_