

**Troubadours of Peace Region (OFS-USA)**

**TO OFFICE OF THE TREASURER**

**LOIS DAHMEN, OFS**

**2412 W Pearl**

**Pasco, WA 98596**

**Please reimburse me or show donation for the following expenditures:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **Check** |  |  |  |  |
|  | **Item** | **Description** |  | **Amount** | **Account** | **Written** | **Reimbursed** | **Donated** |
|  | **#** |  |  |  |  | **#** |  |  |  |  |
|  | 1 |  |  |  |  |  |  |  | $ | - |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 2 |  |  |  |  |  |  |  | $ | - |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 3 |  |  |  |  |  |  |  | $ | - |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 4 |  |  |  |  |  |  |  | $ | - |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 5 |  |  |  |  |  |  |  | $ | - |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 6 |  |  |  |  |  |  |  | $ | - |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 7 |  |  |  |  |  |  |  | $ | - |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 8 |  |  |  |  |  |  |  | $ | - |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 9 |  |  |  |  |  |  |  | $ | - |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 10 |  |  |  |  |  |  |  | $ | - |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 11 |  |  |  |  |  |  |  | $ | - |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | **TOTAL** | **$** | **-** |  | **$** | **-** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**ENCLOSE ALL PERTINENT RECEIPTS**

Date:

**(Check will be made out to this name unless otherwise stated)**

**Address Check Sent To:**

For Treasurer Use Only

Check No. :

Date:

Amount:

**Phone:**

Blank Reimbursment form.xls4-25-2016 rev.