

# 3/20 FUEL REIMBURSEMENT

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**Date of Event:** \_\_\_\_\_

**Reimbursement Amount:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Approved by:** \_\_\_\_\_

**Check #:** \_\_\_\_\_

**Mailed on:** \_\_\_\_\_