**REQUEST FOR REIMBURSEMENT OF TEA EXPENSES**

Payee**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of expense: Amount:

Purpose:

Requested by: Date:

Approved by: Date:

Check No: Acct. #

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