

Name:	Date:	
Address:		
City:		
Phone:	Email:	
Request for Reimbursement:		
A. Budget category:		
B. Description of Expenditure:		
5 11		
-		VIII
Receipts must be attached		
C. Amount:	:	
Action:		
A. Approval:	Date:	posterior programme and a second seco
B. Check or transaction Number:		
The Charbonneau Art Association is	a non-profit 501(c)(3) organ ederal ID: # 47-4653404	ization that helps young artists.
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