

OHIO DANCE MASTERS REIMBURSEMENT FORM

Butch Theisen
51 S. 7th St.
Zanesville, Ohio 43701

Request From: _____ Phone: _____

Address _____

City, State, Zip _____

Request Date _____

Description of Item	*Category	Place of Purchase	Amount

Total Amount _____

*Categories: Supplies, Postage, Travel, Food, Judging, Teaching, Awards, Other Expense

Please attach receipts to this form.

Date Reimbursed _____

Check Number _____