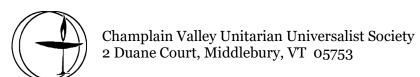


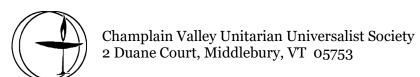
Reimbursement Request Form Please print neatly.	
Date:	Amount:
Budget:	
Description:	
Check Made Payable to:	
Address to Send Check (or other instructions):	
Requested by (if different then above):	Approved by:
Champlain Valley Unitarian Universalist Society 2 Duane Court, Middlebury, VT 05753 Reimbursement Request Form Please print neatly. Amount:	
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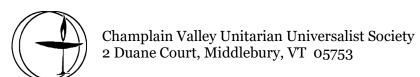
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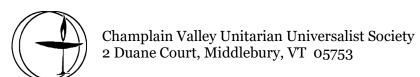
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