## **Reimbursement form**

Remit form to: OAEA c/o Amy Fiegener 6404 E. 525 Rd Claremore, OK 74019



## **Choose Program below:**

| Administration Communication National Board  YAM Conference Other:  YTIO Jr. YTIO  Name Address Phone Email  Reason for purchase  Total cost all lines  Payees Name Address  Phone ( )   |                  | ·               |               |    |             |            |              |
|--|------------------|-----------------|---------------|----|-------------|------------|--------------|
| Name Address Phone Email  Reason for purchase  rchased From Items Purchased    Cost/item   Total cost   Date Approved office use   | Administra       | tion            | Communication |    | Nati        |            | d            |
| Name Address Phone Email  Reason for purchase  rchased From Items Purchased Cost/item Total cost Date Approved Office use  Total cost all lines  Payees Name Address Address   | YAM              |                 | Conference    | [  | Othe        | er:        |              |
| Phone Email  Reason for purchase  rchased From Items Purchased Cost/Item Total cost Date Approved office use  Total cost all lines  Payees Name Address Address  | YTIO             |                 | Jr. YTIO      |    |             |            |              |
| Reason for purchase  Total cost   Total cost |                  |                 |               |    |             | Date       | e Purchased  |
| rchased From Items Purchased Cost/item Total cost Office use    Cost/item Total cost Office use  |                  |                 |               |    |             |            |              |
| Payees Name Address  | Reason for purch | ase             |               |    |             |            |              |
| Payees Name Address  |                  |                 |               |    |             |            |              |
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| Payees Name Address  |                  |                 | <br>          |    | ant /itaura | Tatal and  | Data Amazawa |
| Payees Name Address  | rchased From     | Items Purchased |               | Co | ost/item    | Total cost |              |
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| Payees Name Address  | rchased From     | Items Purchased |               | Co | ost/item    | Total cost |              |
| Payees Name Address  | rchased From     | Items Purchased |               | Co | ost/item    | Total cost |              |
| Payees Name Address  | rchased From     | Items Purchased |               | Co | ost/item    | Total cost |              |
| Address  | rchased From     | Items Purchased |               |    |             | Total cost |              |
| Address  | rchased From     | Items Purchased |               |    |             | Total cost |              |
|  |                  | Items Purchased |               |    |             | Total cost |              |
| Phone ( )  | Payees Name      | Items Purchased |               |    |             | Total cost |              |
| Phone ( )  | Payees Name      | Items Purchased |               |    |             | Total cost |              |
|  | Payees Name      | Items Purchased |               |    |             | Total cost |              |

Please fill out form, attach receipt, and mail to above address.

If you choose to submit form electronically please submit a scanned copy of

| Treasurer Information |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|
| Date forms received   |  |  |  |  |  |  |
| Check number issued   |  |  |  |  |  |  |
| Amount                |  |  |  |  |  |  |
| Date Mailed           |  |  |  |  |  |  |

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receipt and form in to: arfiegener@gmail.com