



Reimbursement Request

Attach receipts and file in box next to BARN copy center, or email to bookkeeper@bainbridgebarn.org.

Studio or group: _____

Purchase used for _____

| Item | Vendor | Amount |
|------|--------|--------|
| | | |
| | | |
| | | |

Total _____

Check to be mailed to:

Name: _____ Phone: _____

Address _____

Signed _____ AND _____
Studio Cashier or BARN committee chair Studio lead, or ED if it's a committee expense

Date: _____



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