



Realms of Avalon

Personal Reimbursement Request

Receipts must be attached for all requests.

Date: _____

Requestor's Name: _____

Purchased for (reason or event name): _____

Item description	Cost:
Total Amount Requested	\$

Office use only:		
Approved by: _____	Position: _____	Date: _____
Approved by: _____	Position: _____	Date: _____
Amount \$ _____	Check # _____	



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