NAME:					DATE:
DATE OF GUADOS	Inches and Deliver Description	Inventor controlly	\$\$	0.0	\$\$
DATE OF CHARGE	REASON FOR REIMBURSEMENT:	EXPENSE CATEGORY	AMT TO BE REIMBURSED	OR	AMT DONATING
			•		
			· · ·		
	Approved by		Check #		
	Paid Y/N?		Date of Payment		

^{**}Please include a mailing address for payment if you wish your reimbursement check to be mailed to you.