

Clayfolk Reimbursement Form

Your Name _____

Address _____

Phone and Email _____

City _____ State _____ Zip Code _____

Committee _____ Date Purchased _____

Receipts:

Place of Purchase:	Amount	Short description
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____
7. _____	\$ _____	_____
8. _____	\$ _____	_____

Total Amount: \$ _____

Mail Form with receipts to: Clayfolk, P.O.Box 1334, Jacksonville, OR 97530

If mailing and you want a reimbursement quicker, please also email a copy of this form to Debbie Thompson before mailing: cftreasurer@yahoo.com. If you give your receipt to Ray Foster please make a copy of your form by scanning or taking a photo and email that copy to Debbie Thompson.

Please staple all receipts to the back of this form before submitting. If you have any questions please call Debbie at 541-826-5533.

Thank you for helping us keep our bookkeeping current!

Clayfolk Treasurers