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## HVEC Reimbursement Request

Note: Receipts, invoices or contracts **MUST** be attached.

Date	_____	Team/Event	_____
Amount of reimbursement	_____	Requested by	_____
Description of expense	_____		
Check Payable To	_____	Coach/Chair Approval Signature	_____
Signature Requester	_____		
Amount Approved/Check #	_____	Received by	_____

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