

ODTC Reimbursement Form

Date _____

Name: _____

Address: _____

Phone: (_____) _____ - _____ please specify home | cell | work

e-mail: _____@_____

Items (description needs to include event & reason for purchase)

1) _____ \$ _____

2) _____ \$ _____

3) _____ \$ _____

4) _____ \$ _____

Signature _____

TOTAL \$ _____

Send to Robin Hammel, Treasurer at RobinRoxy@outlook.com. This form and all receipts must be a scanned attachment to the email (not part of the email). If sent by mail, please send to ODTC, PO Box 54-7443, Orlando, FL 32854 and notify Robin by email.

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