

**HDQG—EXPENSE REIMBURSEMENT VOUCHER**

Reimburse To: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Expense: \_\_\_\_\_

Type of Expense: \_\_\_\_\_

PROGRAM or WORKSHOP:

\_\_\_\_\_

Amount of Request: \_\_\_\_\_

Requested by: \_\_\_\_\_

Check No: \_\_\_\_\_ Date Paid: \_\_\_\_\_

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