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| --- | --- | --- | --- |
| *Name* |  | *Officer Title* |  |
| *E-mail* |  | *Department* | *Texas* |
| *Purpose* | *Post 164 Expenses* | *Approved by* |  |
| Expenses | Dates | Details | Amount |
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|  |  |  |  |
|  |  | Subtotal |  |
|  |  | Less amount paid by Post 164 | $0 |
|  |  | Total amount owing to Member |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Signature | Date |
|  |  |

Please attach receipts for all listed expenses, sign the form and submit to the Post Finance Officer