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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 | | |  |
|  | |  |  | | |  |

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| Signature | Date |
|  |  |

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