

REIMBURSEMENT EXPENSE RECEIPT	
Date _____	No. _____
<p>Received from _____ the amount (official Designation)</p> <p>of _____ (P _____) (In Words) (In Figures)</p> <p>in payment for _____ (Payment for subsistence services)</p> <p>_____ rental or transportation should show inclusive dates</p> <p>_____ purpose, distance inclusive points of travel, etc)</p>	
PAYEE	
Name/Signature _____	
Address _____	
Comm. Tax Cert. No. _____	
Date of Issue _____	
Place of Issue _____	
WITNESS	
Name/Signature _____	
Address _____	
Comm. Tax Cert. No. _____	
Date of Issue _____	
Place of Issue _____	

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