

# RChain Cooperative Expense Reimbursement

Name:	
Person Approving Expenses	

Expense Period	
From:	
To:	

## Itemized Expenses

DATE	DESCRIPTION	CATEGORY	DEPARTMENT	COST
			SUBTOTAL	\$ -
			Less Cash Advance	
			TOTAL REIMBURSEMENT	\$ -
Don't forget to attach receipts!				

[Enter Name and Email]

**Signature**

Date \_\_\_\_\_

**Eth Wallet Address:**

Instructions: Please complete and send a pdf copy to [lisa.rice@lriceconsulting.com](mailto:lisa.rice@lriceconsulting.com)  
For all meal reimbursements, please list names of those whose meals are included in the receipt.  
Please attach pdf or images of all lodging receipts and all other receipts equal or greater than \$75.00

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