ONCOUNTRE	OCF	Expens	e Reir	nburse	ment	Form
AND	Date:					
	Crew/	Team:				
	Autho	rized by:				
What Did You Buy?			Capital Project	Coordinator Expense?	Supplies & Services	Total
Total						
Check Payable to:						e form on
Email Address:	nail Address:				and email	omputer it along with
					your re	ceipts to:

Mailing Address:

norma@oregoncountryfair.org