COUNTAIN COUNTAIN	OCF Expens	e Rei	mburse	ement	Form	
COUNTRAL	Date:					
SIL I	Crew/Team:					
	Authorized by:					
What Did You Buy?		Capital Project	Coordinator Expense	Supplies & Services	Total	
				Enter the an	nounts under	
Check Payable to:				the correct category. The amounts will total automatically. Save the form on your computer		
mail Address:						
/Jailing Address:				and email it along with you receipts to: norma@oregoncountryfair.org		