

**Grimes County Fair Association
REIMBURSEMENT**

Office Use ONLY:

Date Paid: _____

Amount: _____

Check #: _____

By: _____

DATE OF PURCHASE: _____

COMMITTEE: _____

PURCHASED FROM: _____

REIMBURSE TO: _____

ITEMS PURCHASED: _____

AMOUNT: \$ _____

DATE SUBMITTED: _____

SUBMITTED BY: _____

Please attach receipts to reimbursement form.