**REFUEL WASHOUGAL MEAL RECEIPT DOCUMENT**(*effective 1/1/2021)*(REIMBURSEMENT REQUEST EXCEEDING $175.00 MUST BE PREAUTHORIZED BY THE REFUEL BOARD)

REFUEL FRIDAY MEAL DATE AMOUNT

 Check box for In-kind donation

PURCHASED BY: STORE

I certify that the purchased items were made on behalf of ReFuel Washougal. No personal claim is made to these items,   
nor have I made personal use of such items, and agree that all items purchased are the property of ReFuel Washougal.

Print Name Signature

**PLEASE REMIT COMPLETED DOCUMENT WITH ATTACHED RECEIPTS TO:**

**REFUEL WASHOUGAL TREASURER  
PO BOX 141   
WASHOUGAL WA 98671**

**REFUND DETAIL: TO WHOM CHECK TO BE SENT TO (Only one reimbursement request is permitted per meal)**

Name: Organization   
  
Mailing Address: Phone:

PLEASE ATTACH RECEIPT HERE (additional space on reverse side)