

Oya No Kai, Inc. Reimbursement Form

Directions for reimbursement

1. Fill out the following information below.
2. Make a copy for your records.
3. Place original receipts and completed form in an envelope and place in the Oya No Kai box in the Richmond office or mail to: Oya No Kai, Inc., PO Box 13786, Portland, OR 97213.

Name _____

Address _____

Phone _____ E-mail _____

Place of Purchase & Reason for Purchase	Date of Purchase	Item(s) Purchased	Total
Total Amount	-----	-----	\$

Your check will be mailed to you at the above address unless other arrangements are made.

We will do our best to reimburse you within 7 – 10 days.

Please sign and return along with your original receipt(s).

Signature _____
Date

For Oya No Kai use only.

Date rec'd _____ By _____ Budget line item, if applicable _____

Approved by _____ ONK President/Treasurer Check # _____