

T.A. WOODS COMPANY
Expense Reimbursement Request

| Date | Description | Amount | CODING | | | | |
|---|-------------|--------|--------|---------|------------|--------|-----|
| | | | Div | Account | Job Number | C Code | CAT |
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| ** Please attach all receipts behind this form to receive reimbursement ** | | | | | | | |
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0.00

Print Name

Signature

Date