



Linn County Fair Association Reimbursement & Receipt Summary

Reimbursement made to: _____

☐ Fair Related/Event Area: _____

☐ Non-fair related/Event Area: _____

Item purchased	Amount
1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____
4) _____	\$ _____
5) _____	\$ _____
6) _____	\$ _____
7) _____	\$ _____
8) _____	\$ _____
9) _____	\$ _____
10) _____	\$ _____

Total: \$ _____

Please attach a copy of receipt to this form.

Purchaser's Signature: _____ Date: _____

Treasurer's Signature: _____ Approved: Y/N Date: _____

Pay Reimbursement via: ☐ ACH ☐ Check

Date Paid: _____ Check Number: _____

Board Approval Needed? Y/N Board Approval Date: _____

Denial reason: _____
