

# REFUEL WASHOUGAL MEAL RECEIPT DOCUMENT

PLEASE FILL OUT COMPLETELY  
and return to Tamara Dinius

(PURCHASE TOTALING OVER \$125.00 MUST BE PREAUTHORIZED)

|                               |  |
|-------------------------------|--|
| REFUEL FRIDAY MEAL DATE _____ | AMOUNT _____   |
|                               | <input type="checkbox"/> Check box if wish to do<br>In Kind Donation |
| PURCHASED BY _____            | STORE NAME _____   |

I certify that the above purchase was made by me on behalf of ReFuel Washougal. No personal claim is made to this items, nor have I made personal use of such item, and I agree that it is property of ReFuel Washougal

PLEASE REMIT COMPLETED DOCUMENT WITH STAPLED RECEIPT ATTACHED TO:

TAMARA DINIUS  
REFUEL WASHOUGAL  
814 SE 357TH AVE.  
WASHOUGAL, WA. 98671

PLEASE STAPLE RECEIPT INSIDE THIS BOX

Reimbursement for \$125.00  
Please take document & envelope home  
with you do not leave at community center

PLEASE FILL OUT FOR YOUR REIMBURSEMENT  
( YOUR NAME AND ADDRESS )

# REFUEL WASHOUGAL MEAL DEBIT CARD DOCUMENT

PLEASE FILL OUT COMPLETELY  
and return to Tamara Dinius

|                    |                  |
|--------------------|------------------|
| DATE _____         | AMOUNT _____     |
| PURCHASED BY _____ | STORE NAME _____ |

I certify that the above purchase was made by me on behalf of ReFuel Washougal. No personal claim is made to this items, nor have I made personal use of such item, and I agree that it is property of ReFuel Washougal.

PLEASE REMIT COMPLETED DOCUMENT WITH STAPLED RECEIPT ATTACHED TO:

TAMARA DINIUS  
REFUEL WASHOUGAL  
814 SE 357TH AVE.  
WASHOUGAL, WA. 98671

PLEASE STAPLE RECEIPT INSIDE THIS BOX

SUPPLIES, EQUIPMENT ETC