The Arc
Greater Haverhill–Newburyport

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Itemized Receipts

Please complete the following information when submitting receipts for reimbursement.

Month:_____

Individual Name:_____

Staff Name:_____

| DATE | ITEM | AMOUNT |
|---|---|---|
| EX: 01/01/01 | Food | 17.40 |
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*Achieve with us.*