NOTE: YOU HAVE RESPONSIBILITY OF SUBMITTING A LIST OF GIFTS AND GIFT RECIPIENTS' NAME, TITLE, AND THE ORGANIZATION THAT THEY REPRESENT FOR AUDIT PURPOSES ON DEMAND BY THIS OFFICE. WHEN SEEKING REIMBURSEMENT PLEASE REFER TO YOUR CASE NUMBER, LOCATED IN THE UPPER RIGHT HAND CORNER OF YOUR APPROVAL MEMO.

OFFICIAL REPRESENTATION FUNDS
GIFT RECIPIENT'S LIST

RE: DSAH _____

RECIPIENT (NAME, TITLE/ORGANIZATION)	*RECEIPT #	ITEM	COST	QUANTITY

GRAND TOTAL = _____

*IF YOUR RECEIPTS ARE UN-NUMBERED, KINDLY NUMBER PLEASE.

IF SEEKING REIMBURSEMENT, PLEASE INCLUDE YOUR FULL NAME, AND HOME MAILING ADDRESS BELOW:

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