HDC

Hamilton Distributing Company

NAME _____

MONTHLY FLEX REIMBURSEMENT
REQUEST FORM

Date	Description	Amount Due
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total Due	_____

Staple copies behind this sheet
Turn in request at the end of each month - a check will be issued within one week