



Obukan Judo Dojo Inc.
www.obukanjudo.org



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TRAVEL EXPENSE REIMBURSEMENT FORM

Name of person requesting reimbursement:	
Event:	
Event Date:	
Location:	
Represented Obukan As:	

 Signature of Requestor

FOR OFFICIAL USE ONLY:

The Event for which travel reimbursement is requested has been approved by the BOD:	Yes / No
Applicant has been a member of Obukan for over one year:	Yes / No
Applicant's membership dues are current :	Yes / No
Applicant has a currently valid USA Judo or USJF membership:	Yes / No
Applicant has attached travel expense receipts	Yes / No
The Request has been (Approved / Denied) for Travel Reimbursement in the amount of	

 Teaching and Competition Committee Chair

 Date