ALS Central & Southern Ohio Chapter ASSOCIATION

Quality of Life Reimbursement Grant Program

Store Receipt Log

- ***If sending more than 2 receipts, please use this form.***
- This form **MUST** be sent in with a completed **"Reimbursement Request Form."** Please do not mail original store receipts. **Copies of RECEIPTS must be included with this form.**

PURCHASE DATE	ITEM DESCRIPTION	STORE NAME	COST
		TOTAL	