

ODTC Reimbursement Sheet

Date _____

Name: _____

Address: _____

Phone: () _____ - _____

e-mail: _____@_____

Items (include description)

1) _____ \$ _____

2) _____ \$ _____

3) _____ \$ _____

4) _____ \$ _____

TOTAL \$ _____

Signature _____

Please attach receipts. Send to Kevin Curtin,
5111 Leeward Way, Orlando FL 32809-3042

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