



P.O. Box 27314, San Diego, CA 92128 858-775-5788 www.rbhistoricalsociety.org

☐ Expense A	pproval Form		
X Expense R	Reimbursement Form		
Requestor Name	PEGGY ROSSI 9-12-2024		
Grant to Charge to Project to Charge to Check Payable to	PEGGY Ross 1		
	ease Attach Receipts To This Form)	Category (*Pick From List)	Expense (\$)
9-12-2024	a a no	Archives	149.99
		The state of the s	
		TOTAL REIMBURSEMENT	149.99
* Categories: Office, D	Sisplays, Gift Shop, Education, Archives,	Special Projects, Other	
Paggy	Rossi	9-1	2-2024
Requestor's Signature		and the contract of the contra	Date
Expenditure Approve	d by Signature		Date
Board Member Appro	val Signature	THE PERSON OF TH	Date