

**MORE REIMBURSEMENT TO OTHER MORE LIBRARY**

COLLECTED AT (LIBRARY) : \_\_\_\_\_

SENT TO (LIBRARY) : \_\_\_\_\_

FROM (PATRON NAME) : \_\_\_\_\_

(PATRON BARCODE) : \_\_\_\_\_

Reimbursement for: (circle one)

(a) Item            (b) Item part            (c) Collection Agency fee            (d) Pre-MORE fines

For (a) or (b):

Item barcode: \_\_\_\_\_ Title: \_\_\_\_\_

Format : (circle one) Book    DVD    Video    Audiobook    CD or Cass

Other \_\_\_\_\_

**Reimbursement Amount:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Staff Member

\_\_\_\_\_  
Date

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