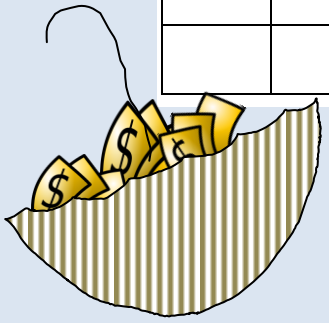
Budget de cla$$e

Date	Description	Lieu	Montant	montant remboursé $
		Total	$	



Code budgétaire :