

TIBETAN SPANIEL CLUB OF AMERICA RESCUE & HEALTH TRUST

EXPENSE REIMBURSEMENT FORM

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME OF DOG: _____

EXPENSES (attach receipts)

Date	Service / Reason	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL \$ _____

Signature: _____

Please send with appropriate receipts to:

Linda Foiles, 6880 Sperryville Pike, Boston, VA 22713

Treasurer

Date Paid: _____

Check # _____