



EXPENSE REIMBURSEMENT REQUEST

Date: _____

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Name of Dog: _____

Expenses: ***Attach receipts for expenses listed.***

Date of Expense	Service/Reason	Amount
		\$
		\$
		\$
		\$
		\$
		\$
<i>If you need more room, you may copy this form.</i>		Total: \$

Your Signature: _____

Send this form with appropriate receipts to:

Linda Foiles, Treasurer
 190 Cedar Valley Lane
 Louisburg, NC 27549

Treasurer Use Only
Date Paid: _____ Check No.: _____