

Sun Country Terrier Club  
Expense Reimbursement

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Purpose/Committee: \_\_\_\_\_

Date	Individual	Description of Expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		TOTAL	_____

Reimbursement to be paid to:  
\_\_\_\_\_

**ATTACH ALL RECEIPTS**

Signature of person requesting reimbursement \_\_\_\_\_  
date

\_\_\_\_\_  
Treasurer:  
Date received: \_\_\_\_\_  
Date paid: \_\_\_\_\_  
Paid to: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Treasurer Initials: \_\_\_\_\_  
President Initials: \_\_\_\_\_