

Marion Alachua Dog Training Assn
Request for Reimbursement

Date: _____

Name: _____

List receipts: (e.g. Post office/postage)

1. _____

2. _____

3. _____

4. _____

TOTAL RECEIPTS: \$ _____

Signature: _____

Approved by: _____

Date paid: _____ Check # _____

Please remember to attach all receipts