

NEWFOUNDLAND CLUB OF SOUTHERN CALIFORNIA REQUEST FOR REIMBURSEMENT

Date of Request:	Activity/	Event (if applica	ble):	
Person Submitting Request:				
CATEGORY (e.g. postage, trophies, rescue)	DESCRIPTION (of expense)	EXPENSE (without tax)	TAX (if applicable)	TOTAL (with tax, ij
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Subtotals:		\$	\$	\$
FOTAL TO BE REIN	MBURSED: \$		-	
Receipt(s) Attached: \text{!} If no explain:	Yes No		Attached: Yes	No
	ubmitting Request: _			
Date Reimbursed:	Check	Number:	Amount	•
viade Payable to:				
Reimbursed by:				