

BORDER TERRIER CLUB OF OREGON
REQUEST FOR REIMBURSEMENT

(Please print legibly)

DATE: _____

Requested by:
NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Pay to:
NAME: _____
(Leave blank if same as above)

ADDRESS: _____

PHONE: _____ EMAIL: _____

Purpose:
Committee _____ Expense Description: _____

| Amount | Receipt/ Invoice from (store/vendor/et.): | Attached |
|--------|---|----------|
| | | |
| | | |
| | | |

TOTAL: \$ _____ (If more than three items attach separate list)

Mail form and original receipts to:
Marti Park, Treasurer; 15878 Fir Grove Ct. Lake Oswego, OR 97035

BTC of O use only:
Date Received: _____ Account: _____

Amount Paid _____ Check # _____ Date Mailed: _____