



## REQUEST FOR EXPENSE REIMBURSEMENT

Please attach the original (preferred) or copy of the receipt along with this completed form.

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**AMOUNT:** \_\_\_\_\_

Who should the reimbursement check be made payable to and where should it be sent?

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TEL:** \_\_\_\_\_

Reason for purchase (*check all that apply*):

- \_\_\_\_\_ Adopt-A-Pet Expenses
- \_\_\_\_\_ Dog or Cat Adoption Packets
- \_\_\_\_\_ Cleaning Supplies or Supplies for Adoption Center
- \_\_\_\_\_ Office Supplies
- \_\_\_\_\_ Bedding or Mats
- \_\_\_\_\_ Medical or Veterinary Bill (*Must have itemized statement from vet. If vet is not on the approved list, must have received prior approval for bill to be considered for reimbursement*)
- \_\_\_\_\_ Other

Please mail this form along with the receipts to the FFAR Treasurer at:

**Treasurer**  
**Furry Friends Animal Rescue**  
**2300 McDermott Road, Suite 200-258**  
**Plano, TX 75025**