

ANATOLIAN SHEPHERD DOG CLUB OF AMERICA, INC



ASDCA REIMBURSEMENT FORM

<u>REQUESTER'S INFORMATION</u>	<u>PAYEE'S INFORMATION (if different than requester's)</u>
Name _____	Name _____
Address _____	Address _____
_____	_____
Phone # _____	Phone # _____
Email _____	Email _____

AMOUNT TO BE REIMBURSED: _____

Please provide the below information for the item(s) which payment/reimbursement is requested:

The original receipt/bill (scanned copies accepted when emailed) must accompany this request.

<u>Purchase or Invoice Date</u>	<u>Payee (Paid To)</u>	<u>Explanation as to Purpose of Purchase and/or what Committee</u>	<u>Amount</u>
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Signature of Requester

Date

**Mail this reimbursement form and receipts to:
ASDCA Treasurer, Albert Suhajda
2097 N. Chula Vista Road
Huachuca City, AZ 85616
albertsas@gmail.com**

For Treasurer's use: Check # _____ Amount _____ Dated _____