

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; Jeffery Hahn  
1018 Ficklen Church Way  
Canton, GA 30114**

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For Treasurer's use: Check # \_\_\_\_\_ Amount \_\_\_\_\_ Dated \_\_\_\_\_