

**UNITED DOG SPORTS OF NORTHERN NEW ENGLAND
REIMBURSEMENT REQUEST FORM**

(Please attach receipts. Hand to Beth Walker, Treasurer
or mail to 300 Beech Ridge Rd Scarborough, ME 04074)

Name: _____ **Date:** _____

Expense Item(s)	Amount

Total Reimbursement Amount: _____ \$ _____

Board Approval Required*: _____

Address (if check needs to be mailed):

Date Paid: _____ **Check #:** _____

*Officers & Committee Chairs can spend up to \$50 without Board approval