

REIMBURSEMENT REQUEST
UNITED DOBERMAN CLUB

Name: _____ **Date:** _____

Address: _____

City/State/Zip: _____

Amount of Request: _____

Reason for Request: (Itemized)

*****IN ORDER TO RECEIVE A REIMBURSEMENT*****

- (1) You must attach all receipts to each request**
- (2) Requests without receipts will NOT be paid**
- (3) ONE request per sheet**
- (4) Requests must be itemized..ie...postage**

Authorized by: _____

Paid: _____ **Date:** _____