American Belgian Tervuren Club, Inc.

Expense Reimbursement Request

To: **ABTC Treasurer**
Andrea Meinhart
4003 Quarry Court
Crestwood, KY 40014

Date:_____

From: _____

Mailing Address: _____

_____

_____

Please reimburse me for the following expenses incurred on behalf of the Club:

Paid To:	Date	Amount	Description of expenses
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____
	Total:	$_____	

Signature:_____ **Date:** _____

Approved Budget Category: _____

Officer/Committee Chairman Approval: _____

Instructions: All expenses must be listed, totaled, and accompanied by an original receipt (keep copies for your records). Anticipate 10 to 30 days for receipt of payments. Reimbursements may not be made for amounts in excess of levels authorized by the Board.