



CAPITAL CITY COCKER CLUB

EXPENSE REIMBURSAL FORM

Submit to:
Felicia Mazur, Treasurer
12011 Lee Drive
Spotsylvania, VA 22553
540-972-1993

Date: _____

Phone: _____

From: _____

Email: _____

Address: _____

Amount Requested \$ _____

NOTE: You will not be reimbursed without receipts or this form. Break down expenses by category. Thanks!

CATEGORY:

_____ Administration
_____ Agility (Regular)
_____ Agility (AKC)
_____ Match
_____ Health
_____ Spring Show
_____ Eye Clinic
_____ Equipment
Other _____

ITEMS:

Postage	\$
Printing	\$
Supplies	\$
Phone	\$
Grounds	\$
Hospitality	\$
Judges	\$
Refunds	\$
Speaker Fees	\$
Equipment Purchase	\$
Equipment Repair	\$
Rent	\$
Annual Meeting	\$
Meals	\$
Trophies	\$
Other	\$