



**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:

ITEMS:

- \_\_\_\_\_ Administration
- \_\_\_\_\_ Agility (Regular)
- \_\_\_\_\_ Agility (AKC)
- \_\_\_\_\_ Match
- \_\_\_\_\_ Health
- \_\_\_\_\_ Spring Show
- \_\_\_\_\_ Eye Clinic
- \_\_\_\_\_ Equipment
- Other \_\_\_\_\_

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