

Reimbursement Request



Magic Valley Kennel Club, Inc.

Diana Egnor, Treasurer
921 Highland Terrace
Saint Albans, WV 25177

I, _____, request reimbursement for
The following expenditures:

Office Supplies	_____
Postage	_____
Hospitality Supplies	_____
Other (specify)	_____

Total	_____

Receipts are attached.* I certify that the expenditures were solely for the benefit of the Magic Valley Kennel Club, Inc., and are authorized by the By-Laws, Policies, or by the Board of Directors.

Signature

Date

Club Use

Check # _____

Dated: _____

Treasurer

***Receipt(s) must be provided prior to a check being issued.**