

Chintimini Kennel Club, Inc.
Expense Reimbursement Sheet

Name: _____

Address: _____

Phone: _____

SS Number: _____

Date Submitted _____

Purchase Date	Supplier	Items	Quantity	Price	Total
Total					

Send to CKC Treasurer: PO Box 19, Corvallis, OR 97339

Include an itemized list of what purchases are for and what use/committee

Staple receipts to this form

If you do not have an original receipt, hand write one

Reimbursement will be made from receipts only