



REIMBURSEMENT REQUEST FORM

Heart of Michigan Bernese Mountain Dog Club, Inc.

Please use this form to request reimbursement for legitimate club expense. Receipts are required for reimbursement and each receipt must be listed on the form below. Please include in the description exactly what the expense was for so that it can be categorized correctly. This could be things like trophies, food, facility rental, copying expense, etc. Please note that committee chair approval is required for all reimbursements. If this form is not signed by your committee chair, there may be a delay in receiving your reimbursement while the Treasurer validates this request with the committee chair.

Name _____ Position/Committee _____

Phone _____ E-Mail _____

Out of Pocket Expense Made To (Company)	Invoice/Receipt		Description	Committee / Event	Amount
	Number	Date			

Mail payment to the following person and address:

Total to be reimbursed:

Comments:

I certify that the above are legitimate club expenses:

Date: ___/___/___ Signature _____

Committee Chair Signature _____

Send Reimbursement Request together with attached receipts to:
HMBMDC Treasurer
 c/o Kris Cassar
 5505 Forman Dr.
 Bloomfield Hills, MI 48301