



BELGIAN TERVUREN RESCUE, INC.
Expense Reimbursement Request

From: _____
 Mailing Address: _____
 City, State, Zip Code _____
 Phone: (____) _____ Email: _____

Please reimburse me for the following expenses incurred on behalf Belgian Tervuren Rescue, Inc.

All expenses must be listed, totaled, and accompanied by an original receipt (keep copies, not the originals, for your records). Anticipate 10-30 days for receipt of payment. Reimbursements may not be made for amounts in excess of levels authorized by the Board of Directors as specified by the Belgian Tervuren Rescue, Inc.

Paid to	Date	Amount	Description of Expense
	Total		

Approval Signature: _____ Date: _____

Send to: Cindy Simonsen W4163 County Rd. ES Elkhorn, WI 53121