**Greater Twin Cities Golden Retriever Club**

**Request for Reimbursement / Payment Form**

**(Updated 5/22/2023)**

|  |  |
| --- | --- |
| **Date:** |  |
|  |  |
| **Your Name:** |  |
| **Event Name:** |  |
| **Event Date:** |  |
| **Event Chair:** |  |

The following expenses were incurred in connection with the above GTCGRC event/activity:

|  |  |  |
| --- | --- | --- |
| **Item** | **Description** | **Amount** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  | Total: | $ |

|  |  |
| --- | --- |
| **Signature:** |  |
| **Email Address:** |  |
| **Phone #:** |  |
| **Mailing Address:** |  |

**Mail to:** GTCGRC Treasurer, Kathy

 17627 Firebird Path

 Farmington, MN 55024

Please include receipts (original or copy) when submitting the request.