Australian Shepherd Club of Arizona

Expense Reimbursement form

Date: _____

Name: _____

Description of Expense, **please attach ALL receipts for the TOTAL of the expenses paid:**

_____

_____

_____

_____

_____

_____

Total: _____

Check #: _____ OR Club Card ☐

Check Paid to: _____

Additional Comments:

_____

_____