

GRREAT EXPENSE REIMBURSEMENT FORM

Return completed form and receipts to:
 Treasurer
 GRREAT
 PO Box 190, Merrifield, VA 22116

Date: _____

Make check payable to: _____

Address: _____

**TOTAL REIMBURSEMENT
 REQUESTED**

\$ _____

Date	Dog ID	Receipt Number (PUT THIS NUMBER ON THE TOP RIGHT CORNER OF THE RECEIPT)	Description	Vet Care	Travel	Postage	Foster Home Expenses	Office Supplies	Other	Total
		1								
		2								
		3								
		4								
		5								
		6								
		7								
		8								
		9								
		10								
		11								
		12								
Total from page 2										
GRAND TOTAL										

GRREAT EXPENSE REIMBURSEMENT FORM - Page 2

Date: _____

Name: _____

Date	Dog ID	Receipt Number (PUT THIS NUMBER ON THE TOP RIGHT CORNER OF THE RECEIPT)	Description	Vet Care	Travel	Postage	Foster Home Expenses	Office Supplies	Other	Total
		13								
		14								
		15								
		16								
		17								
		18								
		19								
		20								
		21								
		22								
		23								
		24								
		25								
		26								
		27								
Total of page 2										

GRREAT EXPENSE REIMBURSEMENT FORM

Instructions

1. Start by completing the date, name, and address fields

2. Columns:

2.1 Date Insert date on which expense was incurred

2.2 Dog ID Enter the dog's GRREAT ID number

2.3 Receipt Number Copy this number on the top right corner of the appropriate receipt

2.4 Description Enter a short description of the expense

2.5 Expense Categories See table below for types of expense that fall under each expense category

Vet Care	Travel	Postage	Foster Home Expenses	Office Supplies	Other
Vet expenses including alternative therapies: acupuncture, holistic, laser, swim and physical therapies Rx medications Boarding	Mileage <input type="checkbox"/> (at \$0.14 per mile) Tolls Parking Lodging	Postage	Dog food. <input type="checkbox"/> (Actual cost, not to exceed \$0.75 per day.) Evaluations Training FH supplies OTC medications Petsitting	Office supplies	Any other expense not captured in any other category

3. Total from page 2 Enter total from continuation sheet, if used. If not, leave blank.

GRREAT EXPENSE REIMBURSEMENT FORM - SAMPLE

Return completed form to:
 Treasurer
 GRREAT
 PO Box 190, Merrifield, VA 22116

Date: January 31, 2020

Make check payable to: Ms Kay Nine

Address: 123 Golden Lane
Dogsville, VA 54321

**TOTAL REIMBURSEMENT
 REQUESTED**

\$ 335.40

Date	Dog ID	Receipt Number (PUT THIS NUMBER ON THE TOP RIGHT CORNER OF THE RECEIPT)	Description	Vet Care	Travel	Postage	Foster Home Expenses	Office Supplies	Other	Total
1/1/2020	12-345	1	Travel to AD 10 miles round trip		1.40					1.40
1/1/2020	12-345	2	Vet visit	75.00						75.00
1/5/2020	12-345	3	Follow-up vet visit	60.00						60.00
1/7/2020	12-345	4	Boarding 2 days	80.00						80.00
1/11/2020	12-345	5	Food Jan 1 to 31				23.25			23.25
1/12/2020	12-345	6	Postage			5.75				5.75
1/15/2020	12-345	7	OTC Meds				50.00			50.00
1/20/2020	12-345	8	Swim therapy	40.00						40.00
		9								-
		10								
		11								
		12								
Total from page 2				-	-	-	-	-	-	-
GRAND TOTAL				255.00	1.40	5.75	73.25	-	-	335.40