



**Welsh Springer Spaniel Club of America, Inc.
Rescue Committee**

Reimbursement Request Form

The following expenses were incurred while engaged in Rescue Services. All receipts are attached.

	Type/Detail	Amount
Veterinary Fees:	_____	_____
Boarding Fees:	_____	_____
Shelter/Pound Fees:	_____	_____
Other Expenses:	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
		TOTAL _____

Further details related to "Other Expenses":

Reimbursement request submitted by: _____

Date: _____

Approved: _____