



Hidden Valley Obedience Club
Expense Reimbursement Form
P.O. Box 463035
Escondido, CA 92046

Name _____

Date _____

Address _____

<i>Reason For Purchase/Event</i>	<i>Description</i>	<i>TOTAL</i>
	<i>Total Amount Due</i>	\$

If over \$25.00 approved by COMMITTEE CHAIR _____ **Date** _____

IF OVER \$500 APPROVED BY OFFICER _____ **Date** _____

Notes: PLEASE ATTACH RECEIPTS

IF TOTAL IS MORE THAN 10% OVER BUDGET AMOUNT, BOARD MUST VOTE FOR APPROVAL BEFORE PURCHASE IS COMPLETED
Unbudgeted expenses less than \$25.00 need any board member approval.

Expense reimbursement Paid by Check Number _____ **dated** _____/_____/20____