



WI Adopt A Golden Retriever, Inc.
 12605 W North Avenue #285
 Brookfield, WI 53005-4629
 414-517-7725
 www.waagr.org

GENERAL EXPENSE REIMBURSEMENT

Use this form for reimbursement of all WAAGR expenses. Complete this form and enclose copies of supporting documentation, including all itemized receipts, within two weeks of incurring expenses and submit to the WAAGR Treasurer. Expenses will be reimbursed within 20 days from the receipt of this form. Keep copies of all expenses. Expenses that are not pre-approved may require authorization from the WAAGR President, Foster Coordinator and/or Medical Director.

Once completed and to expedite processing, submit this form along with copies of all itemized receipts to the following address, or alternatively scan all documents and email directly to r-kennedy@earthlink.net

Richard Kennedy, WAAGR Treasurer
 2585 West Palisades Drive
 Menasha, WI 54952

REIMBURSEE INFORMATION

Name: _____ Date: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Assigned Pet Name: _____ Assigned Pet No.: _____

EXPENSES

Date	Description	Cost
Subtotal:		
Less Discount/Donation:		
Total Reimbursement:		

<i>Office use only:</i>		
<i>Rec'd</i>	<i>Pd</i>	<i>Pend</i>