



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 WAAGR expenses. Complete this form and enclose copies of supporting documentation, including all itemized receipts 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 another WAAGR board member.

Once completed and to expedite processing, submit this form along with copies of all itemized receipts to the following address, or alternatively scan and email directly to CMB@waagr.org

*Charlene Benjamin, Treasurer
Wisconsin Adopt a Golden Retriever
4503 N. 126th Street
Butler, WI 53007*

REIMBURSEE INFORMATION:

Name: _____ Date: _____
Address: _____ Address 2: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____
WAAGR Dog Number: _____ WAAGR Dog Name.: _____

EXPENSES:

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

Office use only:
Rec'd _____ Pd _____ Pend _____