



SHIH TZU FANCIERS OF GREATER BALTIMORE

**EXPENSE
REIMBURSEMENT
REQUEST**

MEMBER _____
Name Phone Email

ADDRESS _____
Street City State Zip

EVENT (include date) OR COMMITTEE _____

NOTE: **Receipts must accompany this reimbursement request.**

DATE	SOURCE	AMOUNT	PAYMENT METHOD

TOTAL EXPENSES _____

Completed forms with receipts should be mailed to: Shirley Butler, STFGB Treasurer,
147 Topeg Drive
Severna Park, MD 21146

FOR STFGB USE ONLY:

Payment issued: _____
Amount Check Number Date

Signature: _____
Shirley Butler, Treasurer