

Expense Account

Please provide applicable documentation to substantiate this expense



Volunteer Name:

Email Address:

Kerry's Name for the Expense:

Expenses From (date):

Expenses To (date):

Mailing Address of Check:

Address:

City State Zip Code

Kerry Blue Terrier Foundation
 P.O. Box 1495
 Solvang, CA 93464
 USA
 Phone: 800-532-2890
 www.kerryblues.info

Additional Copies at: Rescue/Adoption Info/Contracts

Expense Date	Expense Description	Comment	Expense Amount
Signature of Volunteer _____ Contact Phone Number _____ Approved by Coordinator _____ Approved by RD or RA _____			Total Expenses Total Advance Total Reimbursement

How do you want to get paid?

Send me a check

Consider it a donation to the KBTF. We will send you a receipt for your taxes.

Paid Date Check Number By

All expenses must be approved by the RD or RA. Scan this form and supporting documentation and email to RD or RA. The RA will file the form and docs with the dog's records and forward the Expense Report to the Treasurer for payment. Thank-you for volunteering.