

# WNRDC REIMBURSEMENT FORM

Reimbursement for expenses paid by:

Name: \_\_\_\_\_

Mailing Address (for check): \_\_\_\_\_

Date of Submission of Form: \_\_\_\_\_

| <b>CATEGORY</b><br><small>Choose from list below</small> | <b>PAID TO</b> | <b>ITEM(S)</b><br><small>Describe item(s) fully</small> | <b>FOR</b><br><small>Describe use of item(s)</small> | <b>PAID BY</b><br><small>Chk, Cash or CrCard</small> | <b>DOLLAR AMOUNT</b> |
|--|----------------|---|--|--|----------------------|
|  |                |   |  |  |                      |
|  |                |   |  |  |                      |
|  |                |   |  |  |                      |
|  |                |   |  |  |                      |
|  |                |   |  |  |                      |

**REIMBURSEMENT PROCEDURE**

**TOTAL:** \_\_\_\_\_

1. Form must be submitted within 60 days of the expenditure and receipts must be included with this form.
2. Use one of the categories listed below.
3. List items separately if they are for different categories or for different uses (even if they are on the same receipt).
4. Attach receipts to this form and highlight item(s) for reimbursement if the whole receipt is not to be reimbursed.

**CATEGORIES:**

- |                             |                      |                 |
|-----------------------------|----------------------|-----------------|
| Winter Pot Luck             | Pleasure Show        | Office Supplies |
| Summer BBQ                  | Gymkhana             | Newsletter      |
| Pipestave Hill Horse Trials | Membership Materials | Website         |
| Pipestave Hill Maintenance  | Meeting Materials    |                 |

**SEND TO:**

Amy Bresky, WNRDC Treasurer  
 (Oct - May)  
 3403 Youngs Rd. Southern Pines, NC 28387  
 (June - Sept)  
 136 Crane Neck St. W. Newbury, MA 01985