

WNRDC REIMBURSEMENT FORM

Date of Request:

REIMBURSEMENT PROCEDURE:

1. Form must be submitted within 60 days of the expenditure with receipts attached.
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.

	Name:	
Mailing Address (for check):	Street:	
	City ST Zip:	

CATEGORY Choose from list below	Amount	PAID TO (if more than one vender please describe in
Winter Pot Luck		
Clinic		
Club Social		
Summer BBQ		
Pipestave Hill Horse Trials		
Pipestave Hill Maintenance		
Mowing		
Volunteer Food		
Adventure Trail		
Club Meeting		
Office Supplies		
Newsletter		
Membership		
Website		
Other (Please Describe below):		
Total Reimbursement		

ITEM(S) Describe item(s) fully	
PAID BY Chk, Cash or CC (if multiple payment types total by type)	

SEND TO:
 Kathy Feehery, WNRDC Treasurer, 540 Main Street, West Newbury, MA 01985