

Collie Rescue Foundation, Inc. (CRF) Reimbursement Request

Please complete the following and send **with receipts attached** to: Paula Clairday, 4076 Maggie Ln., Middleburg, FL 32068, Stornowaycollie@yahoo.com

Name: _____

Address: _____

Phone: _____ Email: _____ Date: _____

LINE ITEM	EXPENSE DATE	DOG'S NAME	SERVICE PROVIDED BY	REASON FOR SERVICE	AMOUNT
1					
2					
3					
4					
5					
6					
7					
8					

Note: Requests for funding must be received by CRF within six (6) months from the date that the medical expense(s) were incurred.

RESCUER'S SIGNATURE:	TOTAL EXPENSE:	
COMMENTS:		
____ APPROVED _____ DISAPPROVED		
COMMENTS:		
COLLIE RESCUE FOUNDATION SIGNATURE:		