SCOTTISH TERRIER CLUB OF AMERICA

EXPENSE VOUCHER & REIMBURSEMENT REQUEST

Date: _____

Club Member: _____

Address: _____

Telephone: _____ **E-Mail:** _____

Club Activity for which expense was incurred (such as Bagpiper, Committee, Rotating, Montgomery, Shoppe, etc.):

_____

DATE PAID	AMOUNT PAID	PAID TO (Name)	EXPLANATION OF EXPENSE
TOTAL	**$**		

Signed: _____ **Approved by:** _____

(Note: Board approval is required for expenditures over $500.)

For reimbursement, mail this form along with ALL receipts to the Treasurer at:

SCOTTISH TERRIER CLUB OF AMERICA
c/o Steve Russell, Treasurer
P. O. Box 92
Saint Charles, IL 60174

If questions, please call: (312) 952-7547 or E-mail: Treasurer@stca.biz.

Form Dated 09/26/2023