THE ROLL OF PANERIC

SCOTTISH TERRIER CLUB OF AMERICA

EXPENSE VOUCHER & REIMBURSEMENT REQUEST

Date:			
Club Member:			
Address:			
		_ E-Mail:	
Club Activity fo Montgomery, S		vas incurred (such as B	agpiper, Committee, Rotating,
DATE PAID	AMOUNT PAID	PAID TO (Name)	EXPLANATION OF EXPENSE
TOTAL	\$		
Signed:		Approved by:	val is required for expenditures over \$500.)

Saint Charles, IL 60174

SCOTTISH TERRIER CLUB OF AMERICA

c/o Steve Russell, Treasurer

P. O. Box 92

If questions, please call: (619) 379-02447 or E-mail: Treasurer@stca.biz.

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