



Reimbursement Request

When requesting reimbursement for expenses you have paid on behalf of one of our dogs, please attach copies of bills and the receipts that show payment for the dog named below (one dog per form). Fill in the information below, separating expenses into the appropriate categories, and provide a total. Please submit requests no later than 30 days after you paid the bills.

Reimburse to: _____
(Print first and last name)

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Dog's Name _____ FRR ID# _____

Expense Type

Veterinary services: _____ Boarding fees: _____

Shelter fees: _____ Supplies/food: _____

Other (please describe): _____

Total reimbursement requested: _____

Check here if you would like to decline reimbursement and receive a donation letter for the full amount.

Expenses approved by: _____
(Print name of Board Member)

Mail this completed form to: Fetchin' Retrievers Rescue
Attn: Treasurer
P.O. Box 88183
Los Angeles, CA 90009

*Fetchin' Retrievers Rescue
P.O. Box 88183
Los Angeles CA 90009*