



American Belgian Malinois Rescue, Inc.
501C3 NON PROFIT

Expense Reimbursement Request

Expenses Reimbursed to:	Mailing Address	City, State, Zip
Casey Carrington (Coordinator and Foster)	16761 Hickory Meadows Ct	Wildwood MO 63011
Please reimburse me for the following expenses incurred on behalf of American Belgian Malinois Rescue:		
Dog's Name	Intake Date	Fostered By
Majka	02/01/23	Casey Carrington

** Foster should not contact the treasurer directly. If they have questions on a reimbursement, please contact their coordinator.

Signature (Foster)
Casey Carrington

Authorized Budget Category (medical, boarding, transport)

Medical Amount \$	Boarding Amount \$	Transport Amount \$

<u>Signature - State Coordinator</u>	<i>Must be signed &</i>	<i>submitted by coordinator</i>

Instructions: All expenses must be listed, totaled and electronic receipts be in RG attached to the dog under ' to a dog. If the expense is not related to a dog (i.e. you bought Heartworm meds to distribute to fosters), the RG to you under 'files'.

Send this completed form to Carol Aulick (malinoisPArescue@gmail.com). Reimbursements may not be ma levels authorized by the Board of Directors. This form must be reviewed, signed and submitted by the coordi top of this form. No reimbursement requests will be processed if received directly from the foster home.

Payment Type
State
Missouri

Date
31-Oct-23

Misc \$

Date

'files' if the expense is related
receipts should be attached in

ide for amounts in excess of
inator for the dog named at the