

Marion Alachua Dog Training Association, Inc (MADTA)
Expense/Mileage Reimbursement Form

Member Name: _____

Member Address: _____

Member City/St/Zip: _____

Member Phone: _____

Check **ONE Box** to determine how we reimburse this expense:

- I would like to contribute the total amount to MADTA.
- I would like to contribute \$_____ to MADTA.
- I request the total amount back.

Date of Expense or Date	Explanation of Expense or Auto Mileage	Project or Activity & Date of Activity	Miles @ \$0.14 Per Mile	Total Amount
Original Receipts must be submitted with this form within 30 days of expense.			Sub Total	\$
			Less Advance Payment	\$
All forms and receipts must be submitted by January 15 of the succeeding year			Total Check Amount	\$
Expense requests without receipts and authorization will not be processed				

Member signature: _____ Date: _____

Board Member Approval: _____ Date: _____
Only Officers of the Board, excluding the Treasurer, may approve. Officers may not approve for themselves or spouses.

Check #: _____ Check Date: _____ Amount: \$ _____ Who Signed Check _____

After approval, please give or mail to the Treasurer, Lisa Forbes 7825 SW 12th Street, Ocala, FL 34474