

POTOMAC CAIRN TERRIER CLUB - Expense Reimbursement Voucher Form

Mail this form along with supporting documentation to the PCTC Treasurer

Name: _____

Phone: _____

Address: _____

PAYEE: _____

AMOUNT: _____

DESCRIPTION: _____

DATE EXPENSE WAS INCURRED: _____

I certify that the above expenses were incurred on behalf of the Potomac Cairn Terrier Club, Inc. and are correct as reflected by the attached supporting documents (receipts, bills, etc.)

Signature: _____ Date: _____

Mail to: Beth Koris, 12029 Robson Street, Richmond VA 23233