

**Southwestern Donkey & Mule Society
Reimbursement Form**

Name: _____

Mailing Address: _____

<u>Item No.</u>	<u>Receipt Date</u>	<u>Name of Receipt</u>	<u>Original Amt. of Receipt</u>	<u>Description of Reimbursement</u>	<u>Class (Show)</u>	<u>Expense Account</u>	<u>Reimbursement Amount</u>
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
TOTAL AMOUNT REQUESTED							

Please attach either original receipts or copies to reimbursement form in above order. Receipts must be submitted within 60 days from date of receipt.

Mail Reimbursement Form & Receipts to: Dr. Marsha Stein, P.O. Box 11, Snook, Texas 77878