

The BASENJI CLUB of AMERICA, Inc.

Request for Reimbursement

Payable to: _____

Amount: _____

Reason: _____

Quarter Income
\$ _____

Total Expenses for
Year-to-Date:
\$ _____
(Please fill in amount)

Person Requesting Check Must Sign Below

X _____

Date: _____

Please **Attach Receipts** to this form.

FOR TREASURER'S USE ONLY

Date Paid: _____ Money Received by the Treasurer
Amount _____

Check Number: _____ From _____

Date _____

Laura Mae Hesse, Treasurer

The Basenji Club of America, Inc.

278 W. Washington St., Poynette WI 53955-9449

BCOA.treasurer@charter.net

BCOA website: <http://www.basenji.org/>