Chinese Shar-Pei Club of America, Inc.
Reimbursement Request

Date_____

Name_____

Address_____

_____

Phone_____

List and attach each receipt. Original receipts are required. Only copies of Phone bill allowed.

(office use)

DATE	PAID TO	FOR	AMOUNT	ACCOUNT
		TOTAL		

SIGNATURE_____

Verified_____

Date Paid_____

Account/Check#_____

Mail To: Marie Bradley, CSPCA Treasurer
6562 Sandy Lane
Riverside, CA 92505