

Davis Dog Training Club, Inc.

**Request for
Reimbursement**



Name: _____

Date: _____

Fill in the \$\$ amount for each category in which you are requesting reimbursement.
Please attach receipts to this form.

- | | |
|--------------------------------|---------------------------------|
| 1. Class Name _____ | 5. TD Test/TD/X Combo _____ |
| Trainer Honorarium* _____ | 6. TDX Test _____ |
| Assistant Trainer _____ | 7. Annual Awards _____ |
| Other: _____ | 8. Member Party _____ |
| 2. Ring Ropes _____ | 9. Club Business _____ |
| 3. Obedience/Rally Trial _____ | 10. Other (Explain below) _____ |
| 4. Scent Work Trial _____ | Total: _____ |

Explanation of items listed above:

Make check payable to: _____

* Trainers are not allowed to receive more than \$600.00 per year without DDTC reporting to IRS.

If mailed: Send to Bridget Curry, 2200 Mitchell Creek Road, Tioga PA 16946