

Marion Alachua Dog Training Association, Inc (MADTA)  
Expense/Mileage Reimbursement Form

Member Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Member City/St/Zip: \_\_\_\_\_

Member Phone: \_\_\_\_\_

Date of Expense	Explanation of Expense Type Purchase? or Auto Mileage	Project or Activity/Purpose of Travel/Date of Event	Miles @ \$0.14 per mile	Total Amount
Sub Total				\$
Less Advance Payment				\$
Total Check Amount				\$
Original receipts must be submitted with form within 30 days of expense and prior to January 15 of the succeeding year. Expense requests without receipts and authorizations will not be processed				

Check one to elect to make this expense a donation to MADTA:

- I would like to contribute the total amount to MADTA*
- I would like to contribute \$ \_\_\_\_\_ to MADTA*

Member signature: \_\_\_\_\_

Team Leader Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Board Member Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

After approval by Board member, please give to Treasurer or mail to: Beverly Vics, 3709 Arlington Ridge Blvd. Leesburg, FL 34748