

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 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 <sup>th</sup> of the succeeding year. Expense requests without receipts and authorization 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: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

After approval by a board member, please give or mail to the Treasurer, Lisa Forbes 7825 SW 12<sup>th</sup> Street, Ocala, FL 34474