

Marion Alachua Dog Training Association, Inc. (MADTA)

Travel Reimbursement Request Form

Please make MADTA check payable to:

Member Name: _____

Member Address: _____

Member City/ST/Zip: _____

Member Phone: _____

Date of Expense	Explanation of Expense	Purpose of Travel	Quantity	Rate	Total Amount
	Auto Mileage				
	Auto Mileage				
	Auto Mileage				
	Auto Mileage				
	Auto Mileage				
	Auto Mileage				
	Auto Mileage				
Total Mileage Reimbursement					\$

***Please attach original receipts and submit form within 30 days of expense and prior to January 15 of the succeeding year.
Expense requests without receipts or 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 Name: _____

Member Signature: _____ Date: _____

Approved By: _____ Date: _____

Check # _____ Check Date _____ Amount _____