

CPCRN FOSTER EXPENSE COVER SHEET

Send to: CPCRN-c/o Sandra Tiller, 714 North Beech St., Port Angeles, WA 98362
OR email to: cairns4sandy@gmail.com

Your Name: _____ E-mail _____

Street: [address label may be used] _____

City: _____ State: _____ Zip: _____ Telephone(s): _____

FOSTER DOG INFORMATION:

Dogs Name: _____ Col. Potter Tag # (Required if issued): _____

IF this receipt covers more than one foster dog, please break down the expenses PER DOG on the backside of this sheet by foster dog name, tag number and amount per dog. NOTE: If submitting small cash register or gas receipts please verify that your receipts are descriptive of what was obtained/purchased, and if they relate to transportation, please specify dog[s] and miles driven. Reimbursement for miles driven is \$0.15 cents per mile OR actual cost of gas used.

EXPENSES:

Total of all receipts currently being submitted in this envelope: \$ _____

Are any invoices over 30 days old? _____ If yes, please explain the reason for the delay on the back of this cover sheet.

Are the reason(s) for the needed vet services or other expenses documented on your attached receipt by ailment, injury, and/or the reason for needed vetting and/or supplies? If not, please annotate this on your attached receipt or on the back of this form.

If you are submitting expenses for CPCRN REQUIRED Vet care (shots, spay/neuter, etc.) do any of the charges exceed what is pre-approved? _____ If yes, who approved the overage and on what date? _____

PLEASE CHECK ONE OF THE BELOW BOXES

DONATION: I wish to donate \$ _____ this portion of the above statement totaling \$ _____ leaving a balance owed me of \$ _____. A tax receipt will be sent to you. Thank you.

NOTE: IF both a donation and a reimbursement, your check and Tax Receipt come from TWO different locations.

FOSTER HOME REIMBURSEMENT: I have paid for these expenses myself. Please send me reimbursement.

FILE COPIES & BACK UP RECEIPTS SUBMITTED FOR "ADVANCE" ACCOUNTS [formerly called STIPEND acct]. I am also attaching my "ADVANCE" form, WITH A STARTING & ENDING BALANCE

PLEASE USE THE BACK OF THIS FORM FOR ALL OTHER NOTES

PLEASE NOTE: REIMBURSEMENT MAY TAKE UP TO 21 DAYS FROM YOUR MAILING DATE