LABRADOR RETRIEVER CLUB, INC.
NATIONAL SPECIALTY EVENT

EXPENSE CLAIM FORM

EVENT TREASURER MUST RECEIVE CLAIMS NO LATER THAN FIVE DAYS AFTER CLOSE OF EVENT WEEK

Name_____ Date_____

Address_____ City_____ State_____ Zip Code_____

Phone_____ E-Mail_____

Payment will be issued only if appropriate receipts are submitted.
Forward to: Tami Wilson, Event Treasurer 674 Airline Road, Amherst, ME 04605-8430
(207-584-3380) twilson@gwi.net

Event	Item	Amount
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
	TOTAL	$

Approved _____ Date_____
(Event Chair, Event Coordinator or Event Sub-Chair)

Approved_____ Date_____
(Event Treasurer or LRC NSE Liaison)

Date Paid _____ LRC NSE Check Number_____