



# ANOKA COUNTY MINNESOTA KENNEL CLUB

## Expense Report Request for Reimbursement

**ALL REQUESTS FOR REIMBURSEMENT MUST BE ACCOMPANIED BY THIS FORM ALONG WITH RECEIPTS OR PROOF OF PAYMENT. NO RECEIPT, NO REIMBURSEMENT WITHOUT BOARD APPROVAL.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DATE:	EXPLANATION OF ITEM(S):	AMOUNT:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Event Name & Date: \_\_\_\_\_ Total: \_\_\_\_\_

Check should be made payable to (if different from above):

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

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

City, State, Zip code: \_\_\_\_\_

Mail your request for reimbursement to:  
Tom Krenn  
2229 132nd Lane NE  
Blaine MN 55449  
OR email to treasurer.acmkc@gmail.com

**Official Use only:**  
**Date payment made:**  
**Check number:**