



GERMAN SHEPHERD RESCUE OF SOUTHEASTERN PENNSYLVANIA

VOLUNTEER REIMBURSEMENT FORM

In order to be reimbursed for out-of-pocket expenses you incurred on behalf of GSR-SP, please complete the information below and return this form, with *copies of all pertinent receipts*, to:

LISA MUENCH
9012 Cargill Lane
Philadelphia, PA 19115

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NATURE OF EXPENSE	DATE EXPENSE	AMOUNT
<i>(include dog's name)</i>	INCURRED	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL:

.....

If the expense was for a particular dog, please indicate the name of the dog!!

Signature of Volunteer

Dated

Volunteer's Address: _____

PLEASE ALLOW ABOUT 15 DAYS FOR DELIVERY OF A REIMBURSEMENT CHECK.

DON'T FORGET TO ATTACH RECEIPTS
DON'T FORGET TO ENCLOSE
A SELF-ADDRESSED ENVELOPE!!!

Thank you for all of your efforts on behalf of all the dogs!