

REIMBURSEMENT FORM

Please fill out the below form and attach your receipt – send the form and receipt copy to our email: contact@nzchihuahuarescue.co.nz and our trust accountant will contact you.

Date:	
Contact Phone Number:	
Email:	
	-
Total amount for refund:	
Bank:	
Reason for reimbursement:	
	
Approved prior? Y / N (Please no	ote: as per Foster Agreement, if not approved prior we do not reimburse)
On date:	(Date of approval)
Ву:((Trustee name)
Any details:	
* Please note – as per the Foster Agreement, Trustee consulted and the date.	reimbursements MUST to be approved by a Trustee prior. Please add name of
Please attach the receipt and send with this fo	orm via email to our Trust email contact@nzchihuahuarescue.co.nz
FOR TRUSTEE USE:	
Details entered into cashbook:	Y / N
Approved:	Y / N – If no, reason?
Paid on date:	

^{*}Please place in the reimbursements folder once completed.