



COLONIAL NEWFOUNDLAND CLUB, INC.
EVENT EXPENSE REPORT

Date of Report: ___/___/___ Person Submitting Expense Report: _____

<u>EVENT</u> <i>Please fill in the total amount for the appropriate account</i>	<u>Expense Amount</u>
Water Test	\$
Draft Test	\$
Working Demos (general acct.)	\$
Spring Fun Day	\$
Fall Fun Day	\$
Supported Entry	\$
Annual Banquet/Mtg.	\$
Other	\$
Total	\$

Description: _____

Receipt Attached: Yes _____ No _____

Please explain if no: _____

Signature of Person Submitting Report: _____

Date Reimbursed: _____ Check Number: _____ Amount: _____

Made Payable to: _____

Reimbursed By: _____

For faster reimbursement – Please enclose a self-addressed, stamped envelope.

Send completed form to:

**Mike Paxton, Treasurer
Colonial Newfoundland Club
3101 Benjamin Drive
Taneytown, MD. 21787**