



13504 NE 84<sup>TH</sup> ST STE 103 PMB 303, VANCOUVER, WA 98682-3091

**DOGPAW Expense Reimbursement Request**

**DATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

<u>PURPOSE/PROJECT</u>	<u>DATE</u>	<u>ITEM</u>	<u>AMT</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
<b>TOTAL:</b>			_____

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

**TOTAL:** \_\_\_\_\_

**(attach supporting receipts, for pre-approved expenditures, to the back of this form)**

**Office Use Only: Reimbursement CK#: \_\_\_\_\_ \$ \_\_\_\_\_**