Therapy Dog Visiting Program
Reimbursement/ Reporting Form

Purpose: _____

Date: _____

Reimbursement Information:

Name _____

Address _____

_____

Date	Description/Name of Vendor	Land's End Apparel (Shirts)	CAREing Paws ID Badge	CAREing Paws Vest or Bandana for the Dog	Trading Cards	Other - Specify in descrpiton field	TOTAL
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
		$ -	$ -	$ -	$ -	$ -	
						TOTAL (up to $100)	$ -

Approved	Notes

X _____ (Signature)

X _____ (Date)

INSTRUCTIONS

***** Fill the form out completely.**
***** Sign and date the form.**
***** Attach copies of your receipts.**
***** Submit the complete package to:**

Melissa Saul
4 Terrace Park
Newnan, GA 30265
Fax - 404-759-2581
Email - Melissa@CAREingPaws.org