

Collie Rescue Foundation, Inc. (CRF) Reimbursement Request

Please complete the following and send **with receipts attached** to: Paula Clairday, 1761 Nolan Rd., Middleburg, FL 32068, Stornowaycollie@yahoo.com

Name: _____

Address: _____

Phone: _____ **Email:** _____ **Date:** _____

The CRF will not disburse funds for dogs when the origin of the animal is other than the United States.

To your knowledge, is this an imported rescue dog? Yes _____ No _____

LINE ITEM	EXPENSE DATE	DOG'S NAME	SERVICE PROVIDED BY	REASON FOR SERVICE	AMOUNT
1					
2					
3					
4					
5					
6					
7					

Note: Requests for funding must be received by CRF within six (6) months from the date that the medical expense(s) were incurred.

RESCUER'S SIGNATURE:	TOTAL EXPENSE:	
COMMENTS:		
_____ APPROVED _____ DISAPPROVED		
COMMENTS:		
COLLIE RESCUE FOUNDATION SIGNATURE:		