



**Thor Diesel Club
5715 Hwy 85N #557
Crestview, Florida 32536**

EXPENSE REIMBURSEMENT FORM

Date: ____ / ____ / ____

Name: _____

Address: _____

Contact Phone No : (____)-____-____ Email: _____

EXPENSES

<u>DATE</u>	<u>ITEM</u>	<u>AMOUNT</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL AMOUNT TO BE REIMBURSED \$ _____

Attach all receipts and mail to the TDC address on the top of this form OR scan and email to TDC Treasurer: treasurer.tdcrv@gmail.com

TREASURER APPROVAL: _____ DATE ____ / ____ / ____

REIMBURSEMENT CHECK # _____ DATE ____ / ____ / ____