



**Thor Diesel Club  
5753 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](mailto:treasurer.tdcrv@gmail.com)**

TREASURER APPROVAL: \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

REIMBURSEMENT CHECK # \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_