

United States Police Canine Association, Inc.

Chief Judge Reimbursement Form

Name: _____ Phone: _____

Address: _____
(Address, City St & Zip, or PO Box where you want the check mailed)

Email: _____ Todays Date _____

Date of Trials: _____ Location of Trials _____

Travel Information:

The USPCA National Office will reimburse your travel expenses (air/rail/bus – economy/standard, car rental) - up to \$600 total with receipts required. Mileage rate is .54 per mile. All receipts may be emailed to treasurer1@uspcak9.com or mailed to:

USPCA
Mike Running
125 3rd Ave N
South St Paul, MN 55075

TRAVEL EXPENSES = _____

OTHER EXPENSES = _____

TOTAL REQUEST FOR REIMBURSEMENT =