

United States Police Canine Association, Inc.
Chief Judge Reimbursement Form

NAME: _____ **PHONE:** _____
(Please Type or Print Legibly)

ADDRESS: _____
(Street or P.O. Box where you want the check mailed)

CITY/STATE/ZIP: _____

E-MAIL ADDRESS: _____

DATE of TRIALS: _____

LOCATION of TRIALS: _____

INFORMATION (Travel):

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 e-mailed to k9nord@aol.com or mailed to:

James Matarese
USPCA National Treasurer
20 Hickory Ridge Drive
Falmouth, Virginia
22405-1440

Travel Expenses = _____
Other expenses = _____

Total request for reimbursement = _____