

Pennsylvania State Animal Response Team
2605 Interstate Drive, Harrisburg, PA 17110
1-717-651-2736; FAX 717-651-2125

Volunteer Purchasing Reimbursement Report
Mail Form to above address

Name _____ Date(s) Incurred _____

Address _____

Occasion/Purpose: _____

Place: _____

Account No. _____ \$ _____

Account No. _____ \$ _____

**ORIGINAL RECEIPTS
MUST BE ATTACHED FOR ALL ITEMS**

Items Purchased

COST

_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total \$ _____

These expenses were incurred by me or by members of our CART in the fulfillment of our volunteer duties.
Personal expenses have been excluded.

CART Coordinator _____

Date _____

Approved by _____

Date Approved _____

PASART Executive Director