DORSET RECREATION EXPENSES

DATE_____

NAME: _____

ADDRESS: _____

_____

ACTIVITES PARTICIPATED IN: _____

_____

_____

_____

_____

AMOUNT TO REIMBURSE:

_____

PLEASE ATTACH RECEIPTS

SIGNATURE: _____

FOR OFFICE USE ONLY:

☐ **Proof of Residency** **Date Received: _____**

☐ **Proof of Payment** **Date Reimbursement Sent: _____**

DORSET
VERMONT