Doberman Pinscher Club of America
DPCA Rescue Committee Bulk Medication Expense Reimbursement Form

v1.5 0214

1. **Please complete all fields in Sections I.** Section I will be used to address and mail the reimbursement check.
2. **Please complete Section II as follows:**
   - Requested: If you are requesting reimbursement for this medication, put a checkmark in the box
   - Qty. You Bought Quantity purchased. For pills enter both the number of pills and the dose size.
   - Amt You Paid: The amount you actually paid for the medication.
   - Amt Requested: The lower of the 'DPCA max' column and the 'Amt You Paid' column.
   - On completion, please total the columns 'Amt You Paid' and 'Amt Requested'
3. **Sign and date the form.** Original signatures must be used for each form. Copies of signatures are not allowed.
4. **Attach legible receipts/invoices for all medications checked in Section II**
   Receipts/invoices may be copies, scans (jpg or pdf) or originals. The committee may request to see the originals of copied or scanned documents.
   Handwritten receipts/invoices are not permitted. Each receipt/invoice must clearly show all of the following:-
   - Verifiable identity of the supplier, including name, address and phone #
   - Date of purchase • Medication name • Quantity purchased • Amount charged.
5. **Purchases must fall within the quarter for which you are filing and the submission must be postmarked by 20th of month following that quarter.** (Jan-Mar: due by Apr 20; Apr-Jun: due by Jul 20; July-Sep: due by Oct 20; Oct-Dec: due by Jan 20)
6. **We prefer that you submit your reimbursement request by e-mail to DPCARescueReimb@dpca.org**
   When submitting by e-mail please scan the documents to a PDF file.
   Paper submission by US mail is also acceptable, but sending originals of documents will be entirely at your own risk.
   For current US mail address, or any questions regarding submissions, please contact **DPCARescueReimb@dpca.org**

SECTION I – Details of requesting entity

Rescue Name: _____

For 501(c)(3) enter name of the organization. For non 501(c)(3) enter individual Rescuer's name or DBA name

Address: _____

City: _____ State: _____ ZIP: _____

If the Rescue Committee has any questions on this submission please provide a name and contact information.

Contact Name: _____

Phone: (day): (_____)_____ (evening) (_____)_____ e-mail: _____

SECTION II – Details of reimbursement request

Requested	Medication	DPCA Max Amt.	DPCA Qty./Size	Qty. You Bought	Amt. You Paid	Amt. Requested
☐	Dewormer (Fenbendazole) e.g. Panacur	$150.00	1 litre			
☐	Dewormer (Praziquantel) e.g. Droncit	$150.00	150 x 34 mg. tablets			
☐	Vaccine (DHLPP)	$3.00	Per dose			
☐	Vaccine (Bordetella)	$1.00	Per dose			
				Total		

By submitting this form, I certify that I have (or the Doberman Rescue organization I represent has) a signed Rescue Code of Ethics on file with the DPCA, and I certify that I have (or the Doberman Rescue organization I represent has) purchased the bulk medication described above and that it has been or will be administered only to purebred rescue Doberman Pinschers as directed by my veterinarian. None of the bulk medication listed above will be sold, traded, or bartered, further neither I nor the Doberman Rescue organization I represent will be reimbursed for the requested amounts listed above through another organization or individual.

Rescuer's Signature: _____ Date: _____