

Fort Collins Figure Skating Club Expense Reimbursement Form

Skating Club Member: _____ Email address: _____

Make Check payable to: _____ Phone number: _____

Date Request submitted: _____ Signature: _____ Date: _____

Each receipt and/or reimbursement request must be listed as a separate line item. Please staple all receipts and/or requests for reimbursement to this form. Requests for reimbursement must be submitted to **Stacy Williamson**--Club Treasurer. If you have questions please feel free to contact her at: sjwilliamson@me.com or 970-631-7635 (cell).

Date of Expense	Reason for reimbursement	Event	Amount
Total Amount Due			

**** Check Number: _____ issued on _____ Approved by _____ Date: _____ ****

All checks will be placed in individual family folders.

Revised 08/03/2016