

## 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 **JaNeen Davis**--Club Treasurer. If you have questions please feel free to contact her at: mjchdavis@hotmail.com or 970-581-7604 ( 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 11/4/2020*