

# Shaker Figure Skating Club

## Expense Reimbursement Request

Check Payable to: \_\_\_\_\_

Date: \_\_\_\_\_

Event: \_\_\_\_\_

Item or Items Purchased: Expense:  
Here

Attach Receipts

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_

Total

Check # \_\_\_\_\_

Date Issued \_\_\_\_\_