

WINTERHURST FIGURE SKATING CLUB

EXPENSE REIMBURSEMENT REQUEST

Attach receipt here

DATE: _____

NAME OF PERSON TO BE REIMBURSED:

DESCRIPTION AND PURPOSE OF PURCHASE:

*I confirm all items on this reimbursement form were for the use of the Winterhurst Figure Skating Club.
I confirm that these items have not been previously submitted for reimbursement.*

Signature _____ Date _____