



EXPENSE REIMBURSEMENT FORM

Name _____ Date _____

Email _____ Phone _____

What DFSC event/committee/budget item does this expense relate?

Please complete all information requested. Receipts or proof of purchase for each item must be attached to receive reimbursement.

<u>DATE</u>	<u>VENDOR</u>	<u>DESCRIPTION OF EXPENSE</u>	<u>AMOUNT</u>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____
6. _____	_____	_____	\$ _____
Expenses absorbed by member (donation)			\$ _____
TOTAL DUE MEMBER			\$ _____

Send reimbursement check to:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Send this form along with receipts to:

Denver Figure Skating Club

c/o Treasurer

PO Box 2768

Centennial, CO 80161

TRASURER'S USE ONLY

Account _____

Date Paid _____ Check # _____