



Cleveland Heights Speedskating Club

Expense Reimbursement Request

Instructions:

1. Fill out form completely.
2. Attach receipts to form. Keep copy for your records.
3. Sign and date below.
4. Turn into club officer.

Skater / Account Name: _____

Skater Phone Number: _____

Skater Email Address: _____

| Date | Description | Transportation/ Mileage | Lodging | Equipment | Other | Total | |
|---------------|-------------|----------------------------|---------|-----------|-------|--------------------|--|
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| | | | | | | | |
| | | | | | | | |
| Column Totals | | | | | | | |
| | | | | | | Subtotal | |
| | | | | | | Less cash advanced | |
| | | | | | | Total owed to you | |
| | | | | | | Total due | |

Note: This form shall be filled out completely; no reimbursement will be made without attaching original receipts and signing below. All submissions are subject to Cleveland Heights Speedskating Club officer's approval.

Please make check payable to (print name): _____

Hold for pickup at practice

Mail to

Name: _____

Address Line 1: _____

Address Line 1: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____