

Queen City Figure Skating Club

EXPENSE REIMBURSEMENT REQUEST FORM

Explanation	Amount
_____	\$ _____
_____	_____
_____	_____
_____	_____
Total \$ _____	

Make Check payable to:

Name _____

Address _____

City _____ State/Zip _____

Authorization signature: _____

Please attach receipt(s) to center top of form and send to:

Darlene Wetterich
8294 Glenmill Court
Cincinnati, Ohio 45249



For Treasurer's Use

Date _____ Check # _____ Posted to: _____