

## Texas Gulf Coast Figure Skating Club Expense Reimbursement Form

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

Name: \_\_\_\_\_

Date	Vendor	Reason	Amount
<b>Total</b>			

Please attach receipts to this form.

If expense is related to test session, please send form to officer in charge of test session for reimbursement.

Signature: \_\_\_\_\_

All amounts greater than \$50 must be approved by Board or included in budget.

Approval:  Board meeting dated \_\_\_\_\_

Budgeted