

Peaks Figure Skating Club
Financial Reimbursement Form

Date _____ Name _____ Amount _____

Location where monies where spent _____

Items purchased _____

Event items where purchased for _____

Misc. details of expenditures _____

Officer approval _____ (This person must be different than who writes the check to you)

Club ck # _____ Date reimbursed _____

ATTACH ALL RECEIPTS TO THIS FORM!!!

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