

Fundraising Reimbursement Form

Parent Name:
Skater Name:
Month:
Team:
Season: 2023-24



Allowable REIMBURSEMENT to be issued directly to Entity - Detail

Date	Vendor Name	Description of requested Reimbursement	Form of Payment used	Amount	Receipt attached (y/n)
Subtotal - Direct reimbursements				\$0.00	

Allowable REIMBURSEMENT to be issued directly to Parent - Detail

Date	Vendor Name	Description of requested Reimbursement	Form of Payment used	Amount	Receipt attached (y/n)
Subtotal - Parent reimbursements				\$0.00	

TOTAL - Reimbursements

\$0.00

Parent Name (Please Print): _____

Treasurer Approved(Y/N) _____

Parent Signature (Please Sign): _____

Treasurer (Signature) _____