



# GENERAL EXPENSES REIMBURSEMENT REQUEST

Reimbursement request must be submitted no later than June 15th

All expenses over \$50.00 must be approved by the Board of Director or the Chair of the Event  
(all receipts must be attached)

Name: Please print clearly			Date request
Address			City
		State	Zip Code
Email Address		Telephone	

Description of Goods or Services procured	Amount
Event -	
<b>Total Amount Requested:</b>	

Signature: \_\_\_\_\_  
Event Chair

Please mail or email completed form to:  
Oregon Skating Council, Attn: Treasurer  
8630 SW Scholls Ferry Road #118  
Beaverton, OR 97008  
Email: treasurer@oregonskating.org

Signature: \_\_\_\_\_  
Person making request

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For office use only:

Total Amount Approved: \_\_\_\_\_ Check# \_\_\_\_\_ Dated \_\_\_\_\_