



2015 - 2016 GENERAL EXPENSES REIMBURSEMENT REQUEST

Reimbursement request must be submitted no later than 6/15/2016

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 |
|---|--------|
| | |
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| | |
| Total Amount Requested: | |

| | |
|-------------------------|---|
| Signature: _____ | <p>Please mail completed form to: Oregon Skating Council, Attn: Karen Wu 10725 NW Thompson Rd. Portland, OR 97229 Email: treasurer@oregonskating.org</p> |
|-------------------------|---|

For office use only:

| | | |
|------------------------------|--------------|-------------|
| Total Amount Approved: _____ | Check# _____ | Dated _____ |
|------------------------------|--------------|-------------|