

Synchronized Team Request for Expense Reimbursement

| Name: | Membership #: | | |
|--------------------|--|------------|---------|
| Address: | | | |
| | State: | | Zip: |
| Description: | Purpose: | Vendor: | Amount: |
| | | | |
| | | | |
| | | | |
| | | | |
| Total amount sub | omitted for reimburs | ement: | |
| | s for the above amount | | |
| Approval signature | of Skating Director: | | |
| • | ght to deny reimbursem at be submitted within 3 | • | • |
| Reimbursement rec | uests should be mailed Rebecca Hato 2211 Homew | ch-Purnell | |

Louisville, KY 40223