

Greater Green Bay Figure Skating Club Personal Reimbursement Request Form

****To guarantee eligibility for reimbursement, all items must be pre-approved by the GGBFSC board of directors or event chairperson/s and submitted within 30 days of the event. (All other reimbursements will be evaluated on an individual basis)**

Date: _____

Payable to: _____

Mailing address: _____

Email Address _____

Telephone number: _____

Event item/s purchased for: _____

Itemize expenses below (attach separate sheet if needed): Description Amount

1.) _____	_____
2.) _____	_____
3.) _____	_____
4.) _____	_____
5.) _____	_____
6.) _____	_____
7.) _____	_____
	Total _____

Remarks: _____

****Please attach receipts or other documentation for these expenses to this form.**

Signature required as follows:

_____ / _____

0-\$75.00 committee chair/board member

\$75 and up GGBFSC Club Officer

Mail to: GGBFSC Attn: Treasurer, P.O. Box 5043, De Pere, WI 54115