



**SKIATOOK SOCCER CLUB
REIMBURSEMENT FORM**

Date: _____

Name (**Check payable to**): _____

Telephone: _____

Address: _____

Event/Activity: _____

Amount: _____

Reason for Reimbursement: _____

Directions:

1. Please complete this form for every check request.
- 2. Please attach receipt(s) to the form.**
3. Return form and receipts to the Treasurer
4. Contact Treasurer at skiatooksctreasurer@gmail.com if you have any questions.
5. All reimbursement requests must be received by the 20th day of each month. Reimbursement requests are reviewed/approved at monthly meetings, and will be distributed by the 15th day of the month of approval.

For Treasurer use only:

Check Number: _____ Date: _____ Board Approved _____ Date _____

Entry Account: _____ General _____ Concessions

Notes: _____
