**SKATING CLUB OF JACKSON HOLE**

**Re-Imbursement Form SCJH**

Date request submitted \_\_\_\_\_\_\_\_\_\_

Name of person or company to be paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount to be paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of receipts attached \_\_\_\_\_\_\_

**Please attach all receipts-**

Who the check should be made out to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address where should check be sent?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_

Approval Signature – President or Secretary Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Approval Signature – Treasurer Date

ADDITIONAL NOTES -