

Expense Reimbursement Request

Please submit form and receipts to Karen Adelstein at
karen@scnv.org or
 3709 30th Street, N
 Arlington, VA 22207

You may request for reimbursement through Venmo*
 or personal check



Event: _____

Name: _____

Committee/Purpose: _____

Address: _____

Date: _____

City/State/Zip: _____

*Venmo reimbursement: Venmo User ID: @_____

Last 4 digits of phone number associated with your Venmo account: ____

Expenses:

Supplies:	Description	Totals
Equipment		
Other Supplies (specify)		
Hospitality:		
Other Expenses (specify):		
		TOTAL Reimbursement:
		\$ _____

I hereby certify that all expenses claimed above were incurred on official business for U.S. Figure Skating	
Signature: _____	Date: _____
Approved: _____ Treasurer	Date: _____
Form of Reimbursement: <input type="checkbox"/> Check Check #: _____	<input type="checkbox"/> Venmo Venmo Acct: @ _____