



CARDINAL CLASSIC

Hosted by: The Skating Club of Northern Virginia
Request for Reimbursement

Name: _____

Address: _____

(city, state, zip) _____

Committee/Purpose: _____

(Accounting, Awards, Communications, Fundraising, Hospitality, Medical, Music, Officials, Practice Ice, Program, Registration, Rinkside, Set Up, Vendors, Volunteers) *If multiple committees, please specify*

Mail Completed form and receipts to:

Karen Adelstein

3709 30th Street, N

Arlington, VA 22207

Or email: karen.adelstein@gmail.com with

subject heading: **2022 Cardinal Classic Expenses**

Expenses:	Amount:	Description:	Totals:
Supplies:	\$ _____ \$ _____ \$ _____ \$ _____		\$ _____
Copies/Printing:	\$ _____		\$ _____
Postage:	\$ _____		\$ _____
Other (detail):	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____		\$ _____
Grand Total:			\$ _____

Signature: _____

Date: _____