



Official Expense Reimbursement Request Form

Please submit form and receipts to
Karen Adelstein at karen@scnv.org

You may request for reimbursement

Name: _____

Address: _____

City/State/Zip: _____

Event: _____

Date: _____

*Venmo reimbursement: Venmo User ID: @ _____

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

Expenses:

Travel:	Description	Totals
Auto (\$.625/mile) ----- # miles: _____	-----	
Airfare		
Car Rental		
Parking		
Taxi/Uber		
Tolls/Gas		
		Total Travel: \$ _____
Meals: (inc. tax/tip)		
Breakfast		
Lunch		
Dinner		
Per Diem		
		Total Meals: \$ _____
Lodging		
		Total Lodging \$ _____
Other Expenses (Please specify):		
		Total Other: \$ _____
TOTAL: (please attach receipts)		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: Check Check #: _____

Venmo Venmo Acct: @ _____