

## ATLANTA FIGURE SKATING CLUB



## **EXPENSE REPORT**

Name		Da	te						
Address				-					
	City	State	Zip	-					
E-Mail Add	ress								
Phone #		Cell #							
Competition/Event (if applicable)									
REPORTABLE EXPENSES									
Date	Desc	ription		Amount					
	TOTAL REIMBURSABL	E EXPENSES							
NOTE: All expense reports require the approval signature of an officer of the Atlanta FSC or the chair of a competition. All expenses over \$25.00 must be accompanied by a receipt that identifies the vendor, method of payment, and a description of the items or expense. Reports without receipts or signatures will be returned unpaid.									
Approval:		Competition Chair							
Check #:	Date Pd ·								