

Oswego Figure Skating Club, Inc.

PO Box 844
Oswego, NY 13126
www.oswegofsc.org

Request for Reimbursement

Please send reimbursement for the grand total below. Receipts detailing the purchases are attached to this request.

Date of Request _____

Name _____ Phone Number _____

Address _____

Place Purchased	Description of items and program use	Total

Grand Total	
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For Treasurer's
Use ONLY

Date request received: _____

Check # _____

Date check sent/delivered _____