

**GREATER GREEN BAY FIGURE SKATING CLUB
PERSONAL REIMBURSEMENT REQUEST**

DATE: _____

PAYABLE TO: _____

MAILING ADDRESS: _____

TELEPHONE NO: _____

Receipts for reimbursement MUST BE submitted within 30 days of expense!

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL MONIES DUE \$ _____

Signature required as follows:

_____/_____/_____
Committee Leader Board Member Executive Board Member
(\$0--\$50.00) (\$50.01--\$250.00) (\$250.01 and Up)

Please attach receipts

**Place in an envelope and drop in the Club lobby mailbox, or mail to:
GGBFSC Attn: Treasurer, P.O. Box 28164, Green Bay, WI 54324-0164**