

STARLIGHT ICE DANCE CLUB - EXPENSE REIMBURSEMENT REQUEST

NAME: _____ DATE SUBMITTED: _____
 ADDRESS: _____
 PHONE: _____ EMAIL: _____

Date of Expense	Explanation	Dollar Amount
ICE DANCE WEEKEND		
CONTRACT ICE (SPECIFY PERIOD)		
SPECIAL ICE EVENT (SPECIFY)		
MEMBERSHIP		
ADMIN / MAILING (CHOOSE CATEGORY ABOVE, IF APPROPRIATE)		
OTHER (EXPLAIN)		
TOTAL:		\$ -

SUBMIT TO TREASURER:
 Jon Koser
 8213 Westwood Hills Curve
 St. Louis Park MN 55426
 952-545-4133

RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT