

# Fundraising Reimbursement Form

**Parent Name:**  
**Skater Name:**  
**Month:**  
**Team:**  
**Season: 2024 - 2025**



## Allowable REIMBURSEMENT to be issued directly to Entity - Detail

Date	Vendor Name	Description of requested Reimbursement	Form of Payment used	Amount	Receipt attached (y/n)
<b>Subtotal - Direct reimbursements</b>				<b>\$0.00</b>	

## Allowable REIMBURSEMENT to be issued directly to Parent - Detail

Date	Vendor Name	Description of requested Reimbursement	Form of Payment used	Amount	Receipt attached (y/n)
<b>Subtotal - Parent reimbursements</b>				<b>\$0.00</b>	

<b>TOTAL - Reimbursements</b>	<b>\$0.00</b>
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Parent Name (Please Print): \_\_\_\_\_

Treasurer Approved(Y/N) \_\_\_\_\_

Parent Signature (Please Sign): \_\_\_\_\_

Treasurer (Signature) \_\_\_\_\_

Parents through their signature above acknowledges that all information, data & receipts provided in this reimbursement request form are accurate and are not falsified or modified. In the event that information, data or receipts are found to be fraudulent in any nature, the parent will be suspended immediately from participating in all fundraising venues.