

# Birmingham Figure Skating Club

## Reimbursement Form

Request Date

Requester Name:

Phone:

Email:

### Make Check Payable To

Name:

Address:

City, State, Zip:

Check Memo:

### Describe Purpose

### Itemized Expenses

One row per receipt. Attach or include digital images of receipts.

ITEM	DATE	DESCRIPTION	COST
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**TOTAL \$ -**

Note: Mileage reimbursement for personal vehicle = \$0.56/mile, for mileage create a descriptive receipt and attach or write in this form, for example, picked up Official John Cole for TOI Natls at the airport 6/24/21 and drove him to the Holiday Inn Express, 22 miles x 2, 44 miles total, \$24.64 total

**Don't forget to include receipts!**

### Approval

Approved by:

Name	Position
Signature	Date