



**CISSC Request for
Reimbursement**

Date: _____

Name: _____ **Skater's Name:** _____

Amount: _____

Description/Purpose:

Reimbursement Preference (circle): check account credit

If check, make payable to: _____

Member's Signature

Treasurer's Signature

Form and receipts should be scanned into a single document and e-mailed to
icestormtreasurer@gmail.com

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