



Synchronized Team  
Request for Expense Reimbursement

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description:	Purpose:	Vendor:	Amount:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total amount submitted for reimbursement: \_\_\_\_\_

A copy of *all* receipts for the above amount must be provided.

Approval signature of Skating Director: \_\_\_\_\_

*LSA reserves the right to deny reimbursement of expenses. Requests for reimbursement must be submitted within 30 days of the event.*

Reimbursement requests should be mailed to:

Rebecca Hatch-Purnell  
2211 Homewood Drive  
Louisville, KY 40223