

Silver Blades Figure Skating Club, Inc.

**EXPENSE FORM**

Tax Free #34-1218898

NAME of person incurring expense: \_\_\_\_\_

FOR WHICH committee, project: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_

TOTAL EXPENSE: \$ \_\_\_\_\_

*Attach receipt, invoice, cash register tape, or any other available support information to this form.*

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*The above expense was handled in the following manner:  
(check one)*

\_\_\_\_\_ **PAID CASH** (I need to be reimbursed. )      AMOUNT \$ \_\_\_\_\_

\_\_\_\_\_ **CHARGED** Name of Firm: \_\_\_\_\_

\_\_\_\_\_ Request for **DIRECT PAYMENT** from Treasurer:

Make Check Payable to: \_\_\_\_\_

Send to: (Address) \_\_\_\_\_

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*For Treasurer Use Only*

Date \_\_\_\_\_ Check # \_\_\_\_\_ From Account # \_\_\_\_\_

Category \_\_\_\_\_

Treasurer: \_\_\_\_\_