



CENTENNIAL SKATING CLUB OF COLORADO SPRINGS

REQUEST FOR REIMBURSEMENT OR PAYMENT.

Please print information, sign and enclose receipts. Mail to:
Centennial Skating Club • Attn: Club Treasurer • P.O. Box 62991 • Colorado Springs, CO 80962

Date _____

Requested by _____

Committee _____

Fund Raiser _____

Description _____

Amount _____

Check payable to _____

Address _____ Zip _____

Signature _____

All receipts must accompany this form before payment can be made.

Check #	Amount	Date Paid	Initial
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