



Skater Fundraiser Account - Expense Claim

Date: _____

SKATER(S) NAME _____

PARENT NAME _____

Date of Receipt	Skater Name	Description of Expense*	Total Amount	Amount Being Claim
Total			\$0.00	

**Please attach copies of receipts - keep original receipts in your personal records*

For Club Treasurer use only:	Date of Payment:	
	Cheque #:	
	Total Payment:	

PARENT SIGNATURE: _____

NOTES: _____

APPROVED: Club President _____
 Club Treasurer _____

