



# FORT ST JOHN RECREATIONAL & SPEED SKATING CLUB

## Travel Reimbursement Request Form - SKATERS

Date of Request: \_\_\_\_\_

Name of Skater: \_\_\_\_\_

Competition/Event: \_\_\_\_\_

Location of Competition/Event: \_\_\_\_\_

### **Travel Cost Summary:**

Mode of Transportation: \_\_\_\_\_

Cost of Transportation: \_\_\_\_\_

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### **For Office Use:**

Funding available/approved: \_\_\_\_\_

Reimbursement Amount: \_\_\_\_\_

Treasurer Initials: \_\_\_\_\_ Coach's Initials: \_\_\_\_\_

Cheque made out to: \_\_\_\_\_