



EXPENSE REPORT

Club Member Information

Member Name: _____

Mailing Address: _____

City, State, Zip: _____

Signature: _____

Date: _____

Itemized Details

Date	Description of Eligible Expense*	Total
Total Requested		

*Please refer to current Club Policy pertaining to expense reimbursement.

Approved: Yes No

Notes:

Treasurer Signature: _____

Date: _____

Please email completed form to treasurer@chatfieldgirlslacrosse.com and be sure to include a proper mailing address so the club can mail your expense check to you.