SENECA VALLEY WRESTLING ASSOCIATION

EXPENSE REIMBURSEMENT FORM

CONTACT INFORMATION:

Submitted By: _____ Date: _____

Email: _____ Telephone: _____

EXPENDITURES:

DATE	DESCRIPTION	COMMITTEE/EVENT	AMOUNT
		Total:	

REIMBURSEMENT INFORMATION:

Reimburse To: _____ **NOTE: Please attach receipts to this form.**

Address: _____

_____

_____

_____

TREASURER REFERENCE:

Check Number: _____ Date:_____ Amount:_____

First Approver: _____ Second Approver: _____

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