

# Foxcroft East Racquet & Swim Club

## Request for Reimbursement

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Expense Information

Date of Expense(s): \_\_\_\_\_

Purpose for Trip or Expense(s): \_\_\_\_\_

\_\_\_\_\_

**Total Amount of Expense(s)**      \$ \_\_\_\_\_

**Less Advance by FERSC (if any)**      \$ \_\_\_\_\_

**Balance Due Member/Employee**      \$ \_\_\_\_\_

I hereby certify that I have incurred all the expensed above on behalf of Foxcroft East Racquet & Swim Club and that they are directly related to and/or associated with the active conduct of the Club's business.

Signed \_\_\_\_\_  
Member/Employee Signature

Date Submitted: \_\_\_\_\_

**PLEASE ATTACH ALL RECEIPTS!**

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**For Treasurer's Use Only:**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Check Issued: \_\_\_\_\_