

**Cardinal Classic**  
**Skating Club of Northern Virginia**  
**Request for Reimbursement**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Committee/Purpose:** \_\_\_\_\_

(Volunteer/Accounting/Awards/Communications/First Aid/Fundraising/Hospitality/  
Officials/Pactice Ice/Program/Registration/Rinkside/Vendors/VITOF)

**Expenses: Please attach applicable receipts**

Postage: \_\_\_\_\_

Copies/Printing: \_\_\_\_\_

Supplies (itemize): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other (itemize): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total** \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

To be completed by SCNV Treasurer

Approved by: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check #: \_\_\_\_\_