AVIANO SKI CLUB 2009-2010

Expense reimbursement request

Submitted by

Name_____

Home or cell phone number _____

Email address _____

APO address _____

_____

_____

DATE of club activity_____

LOCATION _____

PARTICIPANTS

(Name, email address)

Organizer requesting reimbursement MUST attach ski pass (or photocopy or receipt)

If the activity included more than 10 members of Aviano ski club, each will receive $10 reimbursement for their ski pass (include pass, or photocopy or receipt of EACH). It is important that names, phone numbers, and email addresses listed above are correct and legible.