

CITY SC

REIMBURSEMENT FORM

t. (626) 893-2297 w. <https://cityscschulavista.com> e. info@cityscschulavista.com

a. PO Box 212842, Chula Vista, CA 91921

City SC is a 501(c)(3) non-profit organisation



Request by:

Date:

Make Check Payable to:

Mailing Address:

Club Activity:

Reason for Reimbursement:

Item:	<input type="text"/>	Amount:	<input type="text"/>
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TOTAL:

Signature: _____

Please attach all Receipts to this form and Mail (to the above address) or scan to: angela@cityscschulavista.com

CLUB USE ONLY

Approved by: _____
Account: _____
Class: _____
Date: _____