



P.O. Box 5919 • Vancouver, WA 98668

# Team Reimbursement Form

Team name: \_\_\_\_\_

Paid to	Purpose	Amount
<b>Total</b>		<b>\$</b>

Send reimbursement check to:

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

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

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

Send this form with **your receipts** to:

**CVSC - Treasurer**  
**PO Box 5919**  
**Vancouver, WA 98668**