

Downingtown Wrestling Club
- Expense Claim Form -

Requestor Name: _____

Requestor Mailing Address:

Requestor email: _____

Requestor phone: _____

Date: _____

Description of Expense	Dollar Amount
	\$
	\$
	\$

Total: \$ _____

Make Check Payable to: _____

*** * * ATTACH ALL RECEIPTS * * ***

Please send reimbursement form with receipts to:

Maria McDowell

211 Kelly Lane

Downingtown, PA 19335

e-mail: mariavmcdowell@gmail.com

Approved By: _____

(Club President)

Paid By: _____

(Club Treasurer)

Check #: _____