

**Albany Ski Club**  
**Request for funds or reimbursement**

Date: \_\_\_\_\_ Name of Person requesting payment(if different): \_\_\_\_\_

**Make Check Payable to:** \_\_\_\_\_

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

**Amount of Check:** \$ \_\_\_\_\_

**Description of Expense:** \_\_\_\_\_

**IMPORTANT: PLEASE ATTACH ALL RECEIPTS TO THIS VOUCHER (ORIGINALS PLEASE)**

**For Treasurer's Use Only**

Receipts received: \_\_\_\_\_

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

Check Number: \_\_\_\_\_

Amount of Check: \$ \_\_\_\_\_

Account to be charged \_\_\_\_\_

Treasurer's Initials: \_\_\_\_\_

**Treasurer: Sally Vanderzee**

**Phone: 518-2108890**

**Email: vanderzees@aol.com**