



REIMBURSEMENT REQUEST

Requested by:	Phone Number:
	E-mail address::
Authorized by:	Amount:
Description of Expense:	
Send Reimbursement to:	
Signature:	Date:
For SLRC Use Below:	
Expense Category:	Approved By:
Check Number:	Date:

Instructions: Complete the top portion the Reimbursement Request, sign and date, attach receipts and mail to:

St. Louis Rowing Club
PO Box 411094
St. Louis, MO 63141