

**QUAIL CREEK TENNIS CLUB EXPENSE REIMBURSEMENT REQUEST**

DATE: \_\_\_\_\_

COMMITTEE NAME: \_\_\_\_\_

EVENT (If applicable): \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

ITEM OR SERVICE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

REIMBURSEMENT DATE: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

DATE PAID/CHECK # \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_