

# CITY SC

## REIMBURSEMENT FORM

t. (760) 434-5600 w. <https://ourcitysc.com> e. [info@ourcitysc.com](mailto:info@ourcitysc.com)  
a. 2075 Corte Del Nogal, Ste. M, Carlsbad, CA 92011  
*City SC is a 501(c)(3) non-profit organisation*



**Request by:**

**Date:**

**Make Check Payable to:**

**Mailing Address:**

**Club Activity:**

**Reason for Reimbursment:**

Item:  Amount:

Item:  Amount:

Item:  Amount:

Item:  Amount:

Item:  Amount:

Item:  Amount:

Item:  Amount:

Item:  Amount:

Item:  Amount:

**TOTAL:**

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

Please attach all Receipts to this form and Mail (to the above address) or scan to: [karen@ourcitysc.com](mailto:karen@ourcitysc.com)

CLUB USE ONLY

Approved by: \_\_\_\_\_  
Account: \_\_\_\_\_  
Class: \_\_\_\_\_  
Date: \_\_\_\_\_