

# Minnesota State Chess Association Expense Reimbursement Request

This Expense Reimbursement Request Form must be submitted to MSCA Treasurer within 7 days of incurring expense

Date	Tournament	USCF Memberships	USCF Rating Fees	Notation Supplies	Printer Cartridges	Trophies	Other Expenses	Hotel*	Meals*	Site Insurance*	Total
Total Amount of Reimbursement Requested											

*\* This type of expense requires pre-approval by the MSCA Treasurer*

Name of Person Requesting Reimbursement: \_\_\_\_\_

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

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

MSCA Treasurer Name & Approval Signature: \_\_\_\_\_

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

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