



**FLORIDA REGION SCCA  
REQUEST FOR REIMBURSEMENT/CHECK REQUEST**

NAME OF PERSON MAKING REQUEST \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_

MAIL CHECK TO: \_\_\_\_\_  
\_\_\_\_\_

	Amount	Description	Event/Purpose	Director/Specialty/Budget
Example	\$ 12.95	Postage	Jan Nat'l 2009	Race
	\$ _____	_____	_____	_____
	\$ _____	_____	_____	_____
	\$ _____	_____	_____	_____
	\$ _____	_____	_____	_____
	\$ _____	_____	_____	_____
<b>Total</b>	\$ _____			

Requestor signature: \_\_\_\_\_ Date \_\_\_\_\_

Budget Approval: \_\_\_\_\_ Date \_\_\_\_\_

Please attach original receipts and mail to:

Lori Vitagliano  
FL Region SCCA, Treasurer  
22084 West Greenwich Court  
Boca Raton, FL 33428

<p><b><u>Treasurer use only</u></b> Posted: _____ Paid: _____ Check # _____</p>
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