



GYNASTICS EXPENSE SHEET WINTER 2024

SPORT: GYMNASTICS	DIV:	DATE:
HOST SITE:		

MEET DIRECTOR	FIRST & LAST NAME:			FEE: \$125.00
	STREET:	TOWN:	STATE:	ZIP:
	PHONE:		E-MAIL:	

Our auditors require backup behind the reimbursed expenses. Please list your workers' names and amounts.

EXPENSES

FIRST & LAST NAME	ADDRESS	SERVICE	AMOUNT
		TOTAL EXPENSES:	

E-MAIL YOUR REPORT TO JBROWN@CASCIA.C.ORG

CIAC USE ONLY

BOX # _____ TICKET REPORT _____ DATE _____ APPROVED BY _____

Any questions contact Jadzia Herrmann Brown @ (203) 651 - 3924 or jbrown@casciac.org