



United States Women's Curling Association

USWCA Reimbursement Request

Pay to: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Explanation (**supporting invoices and documents must be attached to this form**):

Total Amount \$: \_\_\_\_\_

Committee: \_\_\_\_\_

\_\_\_\_\_

Date Paid: \_\_\_\_\_ Check No. \_\_\_\_\_