

KnoxVelo Cycling Club
Reimbursement Request
2010

Member Name: _____

Date of Request: ____ / ____ / ____

Have you paid your 2010 Member Fees? (circle one) Yes No

Have you committed to participating in 3 or more approved events for 2010?

List all volunteer events completed or planned:

1. _____ Date ____/____/____

2. _____ Date ____/____/____

3. _____ Date ____/____/____

4. _____ Date ____/____/____

Have you read the 2010 Reimbursement Policy and is your request appropriate?

List all events or reimbursements requested:

Date	Event Name	Amount	CAT Raced	Results
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

See 2010 Reimbursement Policy for complete details.

- * Reimbursements may be held until volunteer events are either completed or planned.
- * No reimbursement for DNF or DQ.
- * Requests must be timely. (60 days from event)
- * Amounts requested should be reduced based on the stated policy. Read the policy.