

KNOXVELO REIMBURSEMENT REQUEST FORM

Name:

List your KnoxVelo volunteer credit(s) dates and activities:

Reimbursement Sought For:

Event name/Kit Item*	Event date	Entry/Item cost	Did you attend event? Y/N	Did you wear KnoxVelo jersey at event? Y/N	Did you post a photo from event to KnoxVelo Team Forum? Y/N

*When seeking reimbursement for KnoxVelo kit, please write "N/A" for the non-applicable columns.

Total reimbursement sought:

Note: total reimbursement is \$125 per calendar year, not including events using RDE coupon codes.

I certify by my signature or typed name below that the information on this form is true and correct to the best of my knowledge.

Name/Signature and date

Email completed form to treasurer@knoxvelo.org or present in person to a KnoxVelo officer.