

# Pride Athletic Club Expense Reimbursement Form



8409 Leesville Road  
Raleigh, NC 27613

Date \_\_\_\_\_

Requested by \_\_\_\_\_

Check Payable to \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Type of Expense \_\_\_\_\_

Budget Category \_\_\_\_\_

Amount Requested \_\_\_\_\_

Tax Paid \_\_\_\_\_

Date Paid \_\_\_\_\_

Check # \_\_\_\_\_

Place completed form in PAC Box at school or mail to:

Martha Radulovich  
5029 Boulder Creek Lane  
Raleigh, NC 27613  
919-841-0456  
[Mradulo@aol.com](mailto:Mradulo@aol.com)