



# Tri-City Gun Club, Inc.

## Match Report

Date: \_\_\_\_\_

Match: \_\_\_\_\_

Match Director: \_\_\_\_\_

# of Participants: \_\_\_\_\_ x \$2 each Club Income: \_\_\_\_\_

Fee per Participant: \_\_\_\_\_

Total Collected : \_\_\_\_\_

Designated Fund for the balance: \_\_\_\_\_

Other: \_\_\_\_\_

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## Expense Reimbursement Request

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_

Amount: \_\_\_\_\_

Attach Expense receipts for event.