Salmon Creek United Expense Report

Team Name (if applicable): _____

Contact Name : _____

Contact Phone: _____

Contact Email: _____

Make Check Payable To: _____

Send Check To: _____

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Date	Description	Receipt Att'd	Category	Cost
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Notes: _____

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Salmon Creek Soccer Club
800 NE Tenney Rd, Ste 100, Box 102
Vancouver, WA 98685
scsc.treasurer@salmoncreeksoccer.net