

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 _____

Date Paid _____

Check # _____

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

Jay Wooten
8916 Wildwood Links
Raleigh, NC 27613
919-906-8389
JWooten@Gardnermarsh.com