

Reimbursement Form
Ancient Oak Gun Club
16800 SR 64 East
Lakewood Ranch, Fl, 34202
941-745-5900

First Name: _____ Last Name: _____
Please Print Please Print

Address: _____ City: _____

State: _____ Zip Code: _____ Phone number: _____

For office use only

Select Item for Reimbursement

Gift Certificate # _____ Gift Certificate Amount to reimburse: \$ _____

Please staple Gift Certificate to form

Pre Purchased Targets Qty on card as of today: _____

Per Target Purchase price \$ _____ Total to refund: \$ _____

Membership Type: _____

Join Date: _____ Membership Amount Paid \$ _____

Total to refund: \$ _____

_____ Date: _____
Member Signature

_____ Date: _____
Manager Approval

All information submitted subject to verification by the Accounting Department of the Ancient Oak Gun Club. Reimbursement checks will be mailed to above address within seven business days.

