



REQUEST FOR REIMBURSEMENT

Attach all receipts to this expense statement!

Please allow 7 business days upon Leagues receipt of reimbursement request for processing.

Name of Payee: _____

Phone Number: _____ Email: _____

Team: _____ Division: _____

Expenditure was for: _____

List Expenditures: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSE \$ _____

Signature: _____ Date: _____

Please provide your Zelle information for reimbursement: _____

TREASURER USE:

Zelle Amount:	Date Sent:
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To Submit:
-Place form and receipt(s) in an envelope
-Hand deliver to a board member at the board table during a game day.