

West Linn Softball Association

REIMBURSEMENT REQUEST FORM

Check Requests Must Be Complete with Receipts/Invoice and approvals prior to submission to the Treasurer

Date: _____

Committee: _____

Amount\$: _____

(concession,
uniforms).

Purpose: _____

(apparel, fund-
raiser, food for
concession,etc)

Budgeted Expense: Yes No

Original Itemized Receipt/Invoice Attached: Yes No

If reimbursement, original expense paid by: Check Credit Card Cash

Check Payable To:

(First Name, Last Name or Company Name)

(Street Address)

(City, State, Zip Code)

(Telephone Number)

Requestors

Signature: _____

*** For Treasurer Processing Only ***

Treasurer Signature: _____

Check #:

Date Paid: _____