



Expense Reimbursement Form

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_

Pre-authorized? Yes / No If yes, Who authorized? \_\_\_\_\_

Description of Expense: Include vendor, items, purpose (team gear, supplies, special event, uniforms, educational, office, etc.), date of purchase, sales tax, anything else relevant.

Remember to attach receipt(s).


Approved / Denied		
Reviewed By: Board Member _____	Board Vote	Team Vote
Date reviewed:		
Check number:	Date Issued:	