


# GILROY LITTLE LEAGUE

## Reimbursement Request

DATE REQUESTED: _____	AMOUNT: _____
CHECK PAYABLE TO (name and address): _____ _____ _____ _____	
DETAILED DESCRIPTION: _____ _____ _____	

**Copy of purchase order, packing slip, invoice, receipt or related paperwork MUST be attached to this request form.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Date

**MUST have signed approval from director and treasurer for reimbursement**