



Expense Reimbursement

Date:

Name:

Address:

City:

State:

Zip Code:

Phone Number:

Team Name:

League (Check one)		Expense Class (Please check those that apply)				Season (Check one)	
House	<input type="checkbox"/>	Tournament	<input type="checkbox"/>	Cooperstown	<input type="checkbox"/>	Winter	<input type="checkbox"/>
Travel	<input type="checkbox"/>	Equipment	<input type="checkbox"/>	General Administration	<input type="checkbox"/>	Spring	<input type="checkbox"/>
Cooperstown	<input type="checkbox"/>	Uniforms	<input type="checkbox"/>	Umpires	<input type="checkbox"/>	Summer	<input type="checkbox"/>
		Other	<input type="checkbox"/>	Clinic	<input type="checkbox"/>	Fall	<input type="checkbox"/>

Itemized Expenses

DATE	DESCRIPTION	COST
SUBTOTAL		
Less Cash Advance		
TOTAL REIMBURSEMENT		

Don't forget to attach receipts!

Requester Signature

Date

Approval Signature

Date

Email: This form and your receipt(s) to Treasurer@KWBA.org