Big Lake Baseball Association
Reimbursement Request Form

Payable to: _____ Date: ____/____/____

Address: _____

Date	Description	Telephone	Postage	Supplies	Printing	Mileage @ 14¢/mile	Other	Subtotal
Total costs to be reimbursed								

Grand Total to be reimbursed $_____

Please indicate the purpose of the expenditures so the appropriate budget cost center can be charged:

_____

_____

_____

I hereby certify that the above is a true and correct statement of expenses incurred by me in the service of the BLBA

Signature: _____

NOTE: All requests for reimbursement must be accompanied with supporting documents. Failure to follow this procedure may result in non-approval of the request. A NON-AFFILIATED **BOARD MEMBER** MUST BE THE ONE GIVING APPROVAL.

Approved by: _____ _____ _____

Signature BLBA Position Date

Administrative notes:

_____

_____

_____