

Long Reach Marlins Expense Reimbursement Form

2017 Season

Payee name: _____ Date of Expense: _____

Phone: _____ Email: _____

Please select (check off or "X") only one budget account/line item per reimbursement form:

Pep Rally expenses	
Concessions expenses	
Spirit wear expenses	
Award Ceremony expenses	
Coach Gift expenses	
Administrative expenses	

Total Reimbursement requested: \$ _____

Explanation of expenses (attach receipts):

Please clearly mark receipts by circling items to be reimbursed (use black ink)

Payee certifies that this reimbursement request is for actual costs incurred by the payee for expenses authorized under the approved Marlins 2017 budget

Payee signature: _____ Date: _____

Treasurer signature: _____ Date: _____

Payment by Check # _____