**Receipt/Reimbursement Form**

The following form shall be used for submission of all receipts for reimbursement to facilitate proper record keeping . Failure to use this form could result in inaccurate financial records for the Chanooka Braves and delay in reimbursement.

Receipts must be attached to this form unless specifically authorized by the Treasurer with concurrence of an additional Board Member

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Name on Receipt | Reason for Expense | Value |
| 1 |  |  | $ |
| 2 |  |  | $ |
| 3 |  |  | $ |
| 4 |  |  | $ |
| 5 |  |  | $ |
| 6 |  |  | $ |
| 7 |  |  | $ |
| 8 |  |  | $ |
| 9 |  |  | $ |
| 10 |  |  | $ |
| Total | | | $ |

Reimbursement requested by:   
 Print/Sign/Date

Reimbursement Paid: $ By:

Print/Sign/Date

Receipt deviation allowed for item(s):

and

Treasurer Print/Sign/Date Print/Sign/Date