

FAIFIELD LITTLE LEAGUE GIRLS SOFTBALL

Reimbursement Request Form

Your Name: _____

Address: _____

Date: _____

Amount: _____

Payable to: _____

Purpose: _____

***All reimbursement requests must have all receipts attached and
be approved by a current board member.***

Board members cannot approve their own reimbursement.

Board Member's Signature: _____

To receive payment please e-mail this form to Matt Colangelo at matthew.colangelo@pepsico.com

To be filled out by treasurer

Date Paid: _____ Check No. _____ Amount: _____

Budget Line: _____