CLAIM FOR REIMBURSEMENT FOR EXPENDITURES

MTYAA BASEBALL
PO Box 159 ● Mountlake Terrace, Washington 98043

Claimant: _____

Board Position: _____

Date	Explain expenditures in specific detail *(attach all receipts)*	AMOUNT CLAIMED

TOTAL _____

I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

CLAIMANT SIGNATURE _____ DATE: _____

APPROVALS

This claim is approved and certified correct and proper for payment.

AUTHORIZED SIGNATURE: _____

AUTHORIZED SIGNATURE: _____

AUTHORIZED SIGNATURE: _____