Girls Lacrosse Club of Frisco - Reimbursement

Form Completed by:_____**Date:**_____

Date Check Needed:_____

Make Check payable to:_____

Mail check - (Yes / No)_____

Name_____

Address_____

City_____**State**_____**ZIP**_____

Phone_____ **Email:**_____

Description of expenses:

_____

_____

_____

_____

ATTACH RECEIPTS OR INVOICES - DO NOT INCLUDE SALES TAX

Date	Item / Invoice#	Budgeted ACCT	Units	Unit Price	Amount
				Total	

TWO SIGNATURES REQUIRED ON ALL FORMS

Signature_____ **Date**_____

Second signor_____ **Date**_____

Approved on DATE_____ **Check Issued by**_____

Check #_____