



# Galt Youth Baseball

## Reimbursement Form

Requester Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Itemized Expenses

*One row per receipt. Attach or include digital images of receipts.*

ITEM	DATE	STORE	DESCRIPTION	COST
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>TOTAL</b>				

Treasurer Use Only:

Paid on: \_\_\_\_\_

Budget Account/Category: \_\_\_\_\_

Check # : \_\_\_\_\_

\_\_\_\_\_