

# ALLEN PARK JR. FOOTBALL CLUB REIMBURSEMENT FORM

<b>Date:</b>	<b>Name:</b>
<b>Reason:</b>	<b>Address:</b>
<b>Approved By:</b>	<b>Signature:</b>

Reimbursement Item	Amount Requested (must attach receipts, invoices, cancelled checks, etc)
<b>Total Reimbursement Request:</b>	

**Reimbursement information:**

CHECK #: \_\_\_\_\_

CHECK DATE: \_\_\_\_\_

All receipts must be attached to this form in order for any reimbursement to be made.  
 The purchase(s) must have approved by an Allen Park Jr. Football Club Executive Board member prior to the purchase.  
 Once forms is complete, please turn in to the treasurer for reimbursement.

REIMBURSEMENT RECEIVED: \_\_\_\_\_