

**NORTH COLONIE YOUTH BASEBALL, INC.
EXPENSE REIMBURSEMENT REQUEST**

NAME: _____ **DATE:** _____

ADDRESS: _____

EXPENSE(S): **(ATTACH RECEIPTS)**

Date(s) incurred: _____

	Amount
Gas	\$ _____
Printing/Copying Event: _____	\$ _____
Maintenance/Repairs	\$ _____
Equipment Purchase/Rental	\$ _____
Postage	\$ _____
Uniforms/Hats Team: _____	\$ _____
Concession Supplies	\$ _____
Tournament Fee Team: _____	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____

APPROVED: _____

Date: _____

CHECK NO: _____