

## Vikings Reimbursement / Check Request Form

All relevant receipts and information must be attached in order to be processed.

From:

Title:

(Head coach, Assistant coach, Manager, Chairperson, etc.)

Contact number or e-mail:

Team name or committee:

Request submitted on:

Request made payable to:

Explanation of expense:

Date of expense:

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*For office use only*

Approved by:

Signature:

Date check was written:

Date check was delivered: