



Reimbursement Request Payment Request

Date _____

- | | | | | |
|----------------------------------|--|---|--|--|
| <input type="checkbox"/> Payment | <input type="checkbox"/> Reimbursement | <input type="checkbox"/> Tournament Check | <input type="checkbox"/> Tournament Refund | How would you like the funds? |
| | | | | <input type="checkbox"/> Check |
| | | | | <input type="checkbox"/> Credit my account |
| | | | | <input type="checkbox"/> Debit/credit team |

Requested by _____

Team _____ Amt \$ _____

Payee Information

Name _____

Address _____

Instructions/Notes: _____

1. Please attach supporting documentation (Tournament entry, emails, receipts, invoices, etc.)
2. Email request to bookkeeper@acersfastpitch.org

Date Processed _____ Check # _____ email confirmation _____