



Zimmerman Youth Baseball Check Request and Reimbursement Form

Complete this form for check requests or for reimbursement of personal expenditures.

The original receipts or invoices MUST be attached.

Date Submitted: _____

Description of Expenditure: _____

Amount: _____

Your Name: _____

Phone Number: _____

Email: _____

Treasurer Use Only:

Check #: _____

Date: _____

Amount: _____

Notes: _____