RSL-AZ

Expense Explanation & Reimbursement Form

Name: _____

Date	Place of Purchase	Description of Expenditure	Amount	Program*
			-	

* Choose either: Competitive(N or S), Rec (N or S), Lil' RSL, Camps, Excel, United, Club, ECNL, DPL, DA, Tournament

Total Reimbursement: -

***** ALL receipts MUST be attached to this Expense Report and it MUST be approved**

***** ALL reimbursements will be included in the weekly check run, not direct deposit**

Staff Member Signature: _____

Finance Signature: _____

Date of Approval: _____