AITKIN YOUTH FASTPITCH

Reimbursement Request

Your Name _____ Approved by: _____ Approved by Title _____

Your Address _____ Your Phone _____

receipt if chkd	Date	Vendor	Item purchased	Reason	Event	Committee (if applicable)	$ Amount

Please print clearly. Fill in each column that applies. Specify what expense was for. Reimbursement must be approved by the committee chair (if applicable) or a board member if there is no committee. If check is not mailed it will be delivered at clubs' earliest convenience. Staple all receipts to the back. Write any special notes below.

Total Due $

Do you want check mailed ? **yes**

(circle one) **no**