



ALLEN PARK BULLDOGS REIMBURSEMENT REQUEST FORM

Date:	Name:
Reason:	Address:
Approved By:	Signature:

Reimbursement Item(s)	Amount Requested (must attach receipts, invoices, cancelled checks, etc.)
Total Reimbursement Request:	

Reimbursement Information:

CHECK NO.: _____

CHECK DATE: _____

All receipts must be attached to this form in order for any reimbursement to be made.
 The purchase(s) must have been approved by an Allen Park Bulldogs Executive Board Member prior to the purchase(s).
 Once form is complete, please turn in to the club's Treasurer for reimbursement.

REIMBURSEMENT RECEIVED: _____