



Dickinson Mustang Baseball Club
Expense Reimbursement Form
2026 Season

Name: _____

Phone: _____ Email: _____

Mailing Address: _____

Date of Purchase:	Paid to:	Description:	Amount:

Total Reimbursement Request:

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Don't forget to attach receipts!

Certification:

I certify that the expenses listed above were incurred for Dickinson Mustang Baseball purposes and comply with the reimbursement policy.

Signature: _____ Date: _____

Internal Use Only Dickinson Mustang Baseball Club	
Board Officer Signature:	Date Received:
	Date Approved:
Treasurer Use Only	
Amount Approved:	Date Approved: