



2019 Spring Season Team Expense Reimbursement Form 8U through 12U

Division 12U 10U 8U 6U

Head Coach: _____ Email: _____ Phone: _____

Team Mom: _____ Email: _____ Phone: _____

Sponsorship Income:

| Sponsor Name: | <u>Amount</u> |
|---------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Subtotal \$ -

Less: League Required Sponsorship \$ (600.00)
 Previous Reimbursements _____

Amount Available for Team Expenses
\$ -

Expenses for Reimbursement:

| Description: | <u>Amount</u> | Receipt? |
|--------------|---------------|--------------------------|
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |

Subtotal \$ -

Amount to be Refunded *(Lesser of Expense Subtotal or Amount Available for Reimbursement)*
\$ -

Name of Person Receiving Reimbursement? _____

Please turn in form AND receipts to Treasurer in person, or by email (jen.spagnoli@shbgfs.org). Any questions, please email or call (714) 486-9823.