



## Maple Grove Youth Lacrosse Association Reimbursement/Check Request

Amount: \$ \_\_\_\_\_.

Payable To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of Check (Please check one):

\_\_\_\_\_ Tournament Fee → Team Name \_\_\_\_\_

**\*\* ATTACH A COPY OF TOURNAMENT REGISTRATION \*\***

\_\_\_\_\_ Expense Reimbursement

**\*\* RECEIPTS MUST BE ATTACHED AND BUSINESS PURPOSE PROVIDED BELOW \*\***

\_\_\_\_\_ Other (Provide Explanation Below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please take a picture/scan and send to MGYLAX Assistant Treasurer: Tiffany Lande [tiffanylande@gmail.com](mailto:tiffanylande@gmail.com)