



DSYSA Baseball & Softball Expense Request

Submitted by _____

Phone _____

Email _____

Address _____

City/State/Zip _____

DATE NEEDED	BUDGETED LINE ITEM	DESCRIPTION OF EXPENSE	BUDGETED AMOUNT	AMOUNT FOR APPROVAL	PAST SPEND	FUTURE SPEND
			\$	\$	\$	\$

Totals: \$ _____ \$ _____ \$ _____ \$ _____

This form is to be filled out **PRIOR** to spending any budgeted funds.

Please attach any estimates or additional information needed for approval. Lack of documentation or budget may delay approval. There is a possibility that any part of the amount may not be approved.

Please see the reimbursement policy for more information.

APPROVAL:	DATE	INITIALS
<input type="radio"/> Finance Committee	_____	_____
<input type="radio"/> Executive Committee	_____	_____
<input type="radio"/> Competition Committee	_____	_____
<input type="radio"/> Treasurer	_____	_____
<input type="radio"/> President	_____	_____
<input type="radio"/> Umbrella Board	_____	_____