



2019 Spring Season Team Expense Reimbursement Form 6U

Division: 6U

Sponsorship Income:

Sponsor Name:		<u>Amount</u>
_____		_____
_____		_____
_____		_____
_____		_____
Subtotal	\$	-
Less: League Required Sponsorship		\$ (400.00)
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.