

Chugiak Post 33 American Legion Baseball Program

Expense Reimbursement Request Form

Name: _____

Mailing Address: _____

Phone (Hm): _____ Phone (Cell): _____

E-mail address: _____

Preferred Delivery (Circle one): Mail Pick Up



Please list expenses below along with description and budget category for tracking purposes. Attach all receipts to this Form prior to submission.

Date	Description	Category	Amount

Total Amount Requested: \$ _____

I certify that all expenses listed above were incurred for the benefit of Chugiak Post 33 American Legion Baseball Program and I am requesting reimbursement for these expenses.

Signature of Requestor: _____ Date: _____

For Administrative Use Only

Date: _____ Amount: _____ Check #: _____ Initials: _____