



Date Received: _____

Processed by: _____

Reimbursement / Payment Request

NOTE: Complete all four areas of this form (where applicable). Requests should be made at least 5 days prior to when payment is needed. Rec Sports, Travel Sports, and Office expenses cannot be combined on a form. Please provide an adequate description of the expenses including: type of expense, name and date of the event (if applicable). In order to be processed, supporting documentation is required (i.e. copy of an invoice, copies of receipts, tournament information, an e-mail indicating Commissioner's or Coach's approval).

1	CDC Activity:	Method of Delivery:
	Rec Sports _____ Travel Sports _____ Office _____ ----- (Select one) -----	Mail _____ Pick Up _____ ----- (Select one) -----

2	Sport: _____ Grade/Age: _____ Team/Color: _____
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3	Requested by: _____ Date: _____ Payee: _____ Address: _____ City: _____ State: _____ Zip: _____
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4	Description: _____	Amount: _____
	Description: _____	Amount: _____
	Description: _____	Amount: _____
	Description: _____	Amount: _____
	Description: _____	Amount: _____
	Total: _____	