

Stow Youth Elite Sports, Inc. - EXPENSE REIMBURSEMENT

NAME: _____ DATE: _____

Please attach receipts and any other supporting documentation necessary to prove reimbursement is appropriate.

Expenses:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL EXPENSES

Less: Expenses paid by Stow Youth Elite Sports, Inc (_____)

Less: Cash advances (_____)

REIMBURSEMENT DUE

Explanation of expenses:

Signatures

Person requesting reimbursement needs to sign below:

_____ Date _____

President or Vice President needs to sign below after reviewing receipts and documentation. By signing below you are verifying that you have reviewed all necessary documentation and that reimbursement is appropriate.

_____ Date _____

Vice President or Treasurer needs to sign below after reviewing receipts and documentation. By signing below you are verifying that you have reviewed all necessary documentation and that reimbursement is appropriate.

_____ Date _____