



DSYSA Baseball & Softball Expense Reimbursement

Submitted by _____

Phone _____

Email _____

Address _____

City/State/Zip _____

DATE OF EXPENSE	BUDGETED LINE ITEM	BUDGETED AMOUNT	DESCRIPTION OF EXPENSE	AMOUNT FOR REIMBURSEMENT	ORIGINAL RECEIPTS ATTACHED?	WAS EXPENSE APPROVED?
		\$		\$	Y / N	Y / N

Total: \$ _____

Total: \$ _____

This form is to be filled out to request reimbursement of an approved expense. Please attach the prior Expense Request Approval.

If a prior approval was not obtained before spending funds, this will need to go thru budget review and committee approval. This may delay getting reimbursed. In addition, there is a possibility that all or part of the amount may not be approved.

Please see 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	_____	_____