

REIMBURSEMENT FORM

Please fill out completely	
Submitted by	Date
Team/Division/Positi	ion
Issue check to	
Mailing address	
City	Zip code
Phone Number	
Reimbursement for*	
In the amount of	
include gifts for ma the players collecti	receipts to this request and submit directly to the League
	541 North Main Street, Suite 104-160 Corona, CA 92880
No payment will be r your receipts for you	made without receipts. You should keep a copy of this form and ir records.
	TREASURER'S USE ONLY
Date check issued	Check number issued
Amount of check \$	
Treasurer's Signati	ure