



# REQUEST FOR REIMBURSEMENT

**Attach all receipts to this expense statement**

*Please allow 7 business days upon Leagues receipt of reimbursement request for processing*

Name of Payee \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Contact #( ) \_\_\_\_\_ Email \_\_\_\_\_

Division: 6u 8u 10u 12u HS or Board Member: \_\_\_\_\_  
Manager: \_\_\_\_\_

Expenditure was for: \_\_\_\_\_

List Expenditures: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXPENSE	\$ _____

Signature \_\_\_\_\_ Date \_\_\_\_\_

If applicable: \_\_\_\_\_  
Manager Signature Team Coordinator

TREASURER USE:

Check Number	Category	Amount	Date Mailed	Valid Receipt

Date approved in minutes: \_\_\_\_\_

To Submit:

- Place form and receipt in an envelope
- Hand deliver to a board member at the snackbar during a game day, or
- Mail to: OCGSA Treasurer  
231 E Alessandro Blvd, Ste A123  
Riverside, CA 92508