

Go RAMS !!!

Request for Reimbursement/Check

Check requests must include a receipt and/or invoice and 2 authorized signatures.

Team/Club Name:		
Check Requested By:		
Check Issued To:		
Delivery Address:		
Date:	Phone:	Email:
Total Reimbursement/Check Amount: \$		
<i>Circle the Category:</i>		
Awards/Ceremonies	Camps/Tournaments	Meals/Socials
Permits/Licenses	Supplies/Merchandise	Travel
Uniforms/Letters	Miscellaneous, Explain:	
Authorized Signatures (2 Required):		

Please attach invoice/receipts to this form.

Keep a copy for your records.

22450 - 19th Avenue South, Des Moines, WA 98198 - EIN # 91-1630686

Contact Information: Kay Duncanson, Treasurer (ph 878-8317 or kd@DuncansonCo.com)