



Poland Community Baseball Association, Inc.

## Expense Reimbursement Form

Date	Description of Expenses	Budget Category	Amount

SUBTOTAL:   
Less Cash Advance:   
**TOTAL REIMBURSEMENT:**

I affirm that the expenses for which I am requesting reimbursement were incurred for the primary benefit of Poland Community Baseball Association, Inc., its members, and/or its participants. I affirm that this request truly and accurately describes the relevant expenses.

\_\_\_\_\_  
Name of Person to Be Reimbursed (print)

\_\_\_\_\_  
Signature of Person to Be Reimbursed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval Signature  
for Non-Trustee Reimbursements

\_\_\_\_\_  
Date

\*\*\* *Attach receipts for all items!* \*\*\*