

Expense Reimbursement Request



Basketball for Life!

PO Box 711381
San Diego, CA 92171

Requestor's Name:	Date Submitted:
Requestor's Phone:	Project/Committee/Event:
Check only one for distribution:	
<input type="checkbox"/> Hold for pickup <input type="checkbox"/> Send via U.S. Mail to this address:	

Date (mm/dd/yy):	Description of Item/Service (Please use a separate line for each receipt):	Purchased From:	Amount:
		Subtotal:	
		Less Advances:	
		Total Reimbursement:	

Please submit completed and approved form with original receipt(s) totaling the amount of reimbursement requested to the Treasurer. Please submit all requests for reimbursement within 15 days of expenditure.

Check one to elect to make this expense a contribution/donation to the SWBA:

- I would like to contribute the total amount to the SWBA
- I would like to contribute \$ _____ to the SWBA

Requestor's Signature: _____ Date: _____

Approved by (including Title): _____ Date: _____

TREASURER'S USE ONLY:				
CHECK DATE:	CHECK #:	AMOUNT:	ACCT # CHARGED:	SIGNATURE: