

Expenditure Reimbursement Application

AFSS Gaming Program

Date: _____

Association Information:

Association Name: _____

Association Contact: _____

Daytime Phone: _____

Association President Name (Print Name)

Association President Signature

Association Treasurer Name (Print Name)

Association Treasurer Signature

Written Quotes

Written quotes from the vendor of your choice. All quotes require the following information: Vendor's name, address, Phone number, contact person and detailed description of the product(s) wanting to purchase.

Option 1. Your member association can send the invoice directly to us and we will look after payment.

Option 2. Your member association can pay a vendor and send us the original invoice for reimbursement.

✓ Indicate with a check mark what area best suits your request?

- Hosting
- Volunteer
- Athlete Assistance (see travel assistance form)
- Range Development

Please provide a detailed description of the product, service or travel expenses requested.

Amount of Request: \$ _____

COMPLETE FOR PRE-APPROVALS ONLY:

Name of Vendor: _____

Address of Vendor: _____

Contact name and phone number of vendor:

Name: _____

Phone #: _____

