



Request for Reimbursement from Team Account

Make Check Payable To: _____

Address to mail check: _____

Date Submitted _____ Division: _____ Team Name: _____

| Date | Description of Expense(s) | Amount |
|------|---------------------------|--------|
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| | | |

Receipt Attached: Yes / No

Manager's Name: _____ Team Mom's Name: _____

Manager's Signature: _____ Team Mom's Signature: _____

** Form MUST be signed by Manager AND Team Mom as acknowledgement of approval of team expenditures. No check will be issued unless signed.*



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Receipt Attached: Yes / No

Manager's Name: _____ Team Mom's Name: _____

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