	To:		
Address to mail check:			
Date Submitted	Division:	Team Name:	
Date		Description of Expense(s)	Amount
Receipt Attached:	Yes / No		
Manager's Name:		Team Mom's Name:	
Manager's Signature:	nager's Signature: Team Mom's Signature:		
* Form MUST be signed by Manag	er AND Team Mom as acknow	ledgement of approval of team expenditures. No check will be issued unless signed.	
GIRLS SOFTON	Reques	i for Reimbursement from	Tooms I coorned
Make Check Payable T	o:		1 Cam Account
Make Check Payable 1 Address to mail check: Date Submitted	o:	Team Name:	1 Cam Account
Address to mail check:  Date Submitted	To:	Team Name:	
Address to mail check:	To:		Amount
Address to mail check:  Date Submitted	To:	Team Name:	
Address to mail check:  Date Submitted	To:	Team Name:	
Address to mail check:  Date Submitted	To:	Team Name:	
Address to mail check:  Date Submitted	To:	Team Name:	
Address to mail check:  Date Submitted	To:	Team Name:	
Address to mail check:  Date Submitted	To:	Team Name:	
Address to mail check:  Date Submitted  Date	Division:	Team Name:	
Address to mail check:  Date Submitted  Date  Receipt Attached:	Division:	Team Name:  Description of Expense(s)	