# Reimbursement Request Form

Name:_____Date:_____

Team: _____

List of Expenses Incurred:

Tournament_____

| Description: | Amount |
|---|---|
| • _____ | |
| • _____ | |
| • _____ | |
| • _____ | |
| • _____ | |
| Tournament_____ Description: | |
| • _____ | |
| • _____ | |
| • _____ | |
| • _____ | |
| • _____ | |
| Tournament_____ Description: | |
| • _____ | |
| • _____ | |
| • _____ | |
| • _____ | |
| • _____ | |

Total Amount Requested:_____

Signature:_____

Pease attach all of your receipts with expense report and submit to Gold Cal Jrs VBC.
Note: Only approved items will be reimbursed as per Appendix B.