Winston Baseball Association
Reimbursement Form

Date:_____ Division/Team_____

Make Check
Payable to: _____

Address: _____
_____

E-Mail address:_____

Phone Number:_____

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Vendor	Description	Amount
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
	TOTAL	$_____

Receipts must be stapled to this form

Requested
By: _____

Approved By: _____

Office Use only:
Check #_____
Amount $_____