

FLL Reimbursement Request



Fairfax Little League
 PO Box 543
 Fairfax, VA 22038

www.fairfaxll.com

Initiated By: _____

Date: _____

Budget Line

Make Check to: _____

Mail Check to: _____

Company/Name _____

Address: _____

Phone: _____

State/Province: _____

Fax: _____

Zip/Postal code: _____

Contact Name: _____

Item	Description	Quantity	Unit Price	Amount
			Sub-total	
			Grand Total	

All reimbursements will be applied to a budget and the budget owner must approve the reimbursement. Fill out this form, print and forward to the Treasurer with Budget Owner approval for check disbursement. Once printed you can scan it and send via e-mail, or mail or hand deliver to Treasurer at PO BOX above. Budget owner approval can be in the form of signing the form below or an e-mail to the Treasurer authorizing expense.

*** Please Include all Receipts ***

Comments:

 Budget Director's Signature

Internal Use Only

Amount Paid:	
Date:	