



## Baseball Association

Please Fax Request to:

**ATTN: Chris Ross**

651-450-7729

# Request For Reimbursement Form

Payment To: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Requested By: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_  
(I.E.. 10B Maroon Tournament Fee, 11B Team Supplies, 12A Umpires, Etc.)

\*\* Checks will be cut each Friday \*\*

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For Office Use Only

Date Paid: \_\_\_\_\_

Check #: \_\_\_\_\_