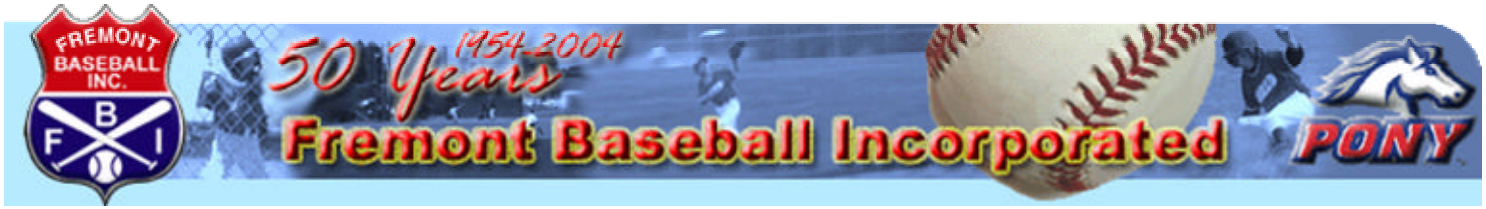

PO Box 1399, Fremont, CA 94538 PH: 510-490-8189 www.fremontbaseball.org

EXPENSE REPORT / CHECK REQUEST

Division	
Team	
Team Sponsorship	yes _____ no _____

Requested by: _____

Payable to: _____

Address _____

City, State & Zip _____

Request Date

Date	Detailed Description	Paid to	TOTAL
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
		$ -	
		Subtotal	$ -
		Advances	$ -
		TOTAL	$ -

-- All team sponsorship reimbursement request must be received or postmarked by July 31st of the current season
-- All equipment purchases made with sponsorship funds are property of FBI, and will remain with the team sponso
-- Reimbursable items will follow the guidelines set by the Board of Directors, and is listed in the managers' packet
-- Receipts will not be accepted without reimbursement form and managers signature.
-- Reimbursements will not exceed available amount less team minimum requirements.

Approved

Manager	
Pres / VP	
Treasurer	

For Office Use Only

ck date _____

ck # _____

PLEASE ATTACH RECEIPTS TO THIS SHEET BEFORE SUBMITTING