



New Jersey State Little League
District Administrators Association

MEMORANDUM OF JUSTIFICATION

Check request

Reimbursement Request

Requested by: Date:

Make Check Payable to:

Purpose of Funds:

Amount: \$ Budgeted Item: NO YES

Apply to the following account(s):

- Administration \$
Food \$
Meeting Rooms \$
Postage \$
State Pins \$
Umpire Clinics \$
Safety Clinics \$
Other \$

Approved By: (State Director) Date:
Amount Paid: Check: (State Treasurer)