



TYB EXPENSE REIMBURSEMENT FORM

(Please print)



Date: _____ Person requesting reimbursement: _____

Phone Number: _____ Email: _____

Amount of Reimbursement: \$ _____

Check should be made out to: _____

Check should be mailed to: _____

Circle budget category below, AND identify specific reason this expense was incurred.

BUDGET CATEGORIES: (circle all that apply for this receipt and provide detailed breakdown below if needed)

CAMPS CHARITY/DONATIONS/SPONSORSHIP GIRLS PROGRAM COACH EXPENSE (cert/mileage)

CONCESSIONS EQUIPMENT BOYS PROGRAM FUNDRAISING OPEN GYM POSTAGE/OFFICE

SUPPLIES PRINTING/ MARKETING PROGRAMS OTHER: _____

Details: _____

RECEIPT(S) ATTACHED (CIRCLE ONE): ____ YES ____ NO

If no, please give explanation: _____

*****Reimbursement will be processed and check given in person or mailed to the address above within one week of the date of receipt of this Reimbursement Form.**

Board of Directors only:

Date received: _____ Rec'd by: _____

Date paid: _____ Check # _____ Completed by : _____