



CHECK REQUEST/REIMBERSEMENT FORM

Requestor: _____

Payable to: _____

Mailing Address: _____

Telephone Number: _____

Date: _____

Please check reason for request:

Sponsorship Funds Board Approved Expense

<u>Date</u>	<u>Explanation</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total

Attach receipt(s) or purchase order(s)/invoice(s) and forward to:

South Fremont NJB
Attn: Treasurer
39120 Argonaut Way, PMB 280
Fremont, CA 94538

Note: Payment will be made directly to the vendor if purchase order or invoice is attached.
Reimbursement requests for sponsorship funds must follow league guidelines.

Board Member Approval Initials: _____

Date Paid _____ Check Number _____