

BOCCE BOARD REIMBURSEMENT /CHECK REQUEST

CHECK NO. _____

DATE PAID _____

AMOUNT Requested \$ _____ Date Requested _____

REQUESTED BY: _____

PHONE _____

EMAIL _____

CHECK PAYABLE TO: _____ (PLEASE PRINT)

(If to be mailed please provide:

Address: _____ City _____ State _____

Phone: _____ Email: _____

CHARGE TO: _____

(Social, Courts, Tournaments, Membership, Bash, Administrative, Miscellaneous)

BRIEF EXPLANATION OF SERVICE/GOODS: _____

(Examples: Picnic Food, New Balls, Copies, Halloween Bash, Bank Fees, Etc.)

ALL EXPENSES MUST HAVE “ORIGINAL” RECEIPT OR INVOICE ATTACHED
(not credit card statement)

Reviewed/Approved by: _____

Date _____