

**Los Angeles Police Revolver and Athletic Club  
Reimbursement Form  
Athletic Department**

Submit reimbursement requests, original receipts, and all supporting documents to:  
Danny Roman, LAPRAAC Athletics

Date Requested: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Team Account Name: \_\_\_\_\_

Reimbursement For: \_\_\_\_\_

Amount of Check: \$ \_\_\_\_\_

Requested by: \_\_\_\_\_  
Team Captain Print/Sign

\_\_\_\_\_  
Team Member #1 Print/Sign

\_\_\_\_\_  
Team Member #2 Print/Sign

\*\*All reimbursements must have Team Captains signature.

\*\*All reimbursements must have at least 2 signatures who are not related to or the recipient of the reimbursement.

Contact Phone #: Cell \_\_\_\_\_ Work \_\_\_\_\_

**OPTIONS**

Mail Check to (Mailing Address) \_\_\_\_\_

Check will be picked up by: \_\_\_\_\_

\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*

Athletic Department Approval: \_\_\_\_\_

Finance Department Approval: \_\_\_\_\_

General Manager Approval: \_\_\_\_\_

GL#: \_\_\_\_\_ Department: \_\_\_\_\_ Program: \_\_\_\_\_

Specialty Games Budget: \_\_\_\_\_

Regular Budget: \_\_\_\_\_