

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

**Submit reimbursement requests, original receipts, and all supporting documents to:**    LAPRAAC Athletics Department

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

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

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

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

Requested By/Serial # \_\_\_\_\_

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: \_\_\_\_\_

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

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