

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: _____

Amount of Check \$ _____

Requested by/Serial #: _____

Team Captain Sign/Serial

Team Member #1 Sign/Serial

Team Member #2 Sign/Serial

****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# Dept. Program

Specialty Games Budget: _____

Regular Budget: _____