

# Los Angeles Police Revolver and Athletic Club Reimbursement Form

Submit reimbursement requests, original receipts, and all supporting documents to:  
LAPRAAC ATHLETIC OFFICE.

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

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

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

Reimbursement for (include serial #): \_\_\_\_\_

Amount approved for 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: \_\_\_\_\_

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

Athletics Contact:  
Rachelle Serrano [rserrano@lapraac.com](mailto:rserrano@lapraac.com) EXT 219  
FAX: (323) 222-5949

*\*Reimbursements must be submitted within 30 days of competition/event with proper documentation in order to be reimbursed.  
Revised 10/30/2024*