

# Helping You Get It Right The First Time

## What We Need On Receipts to Connect the Dots for Reimbursement

### Example A

1. Receipt (**Paid in Full**) with name and last 4 numbers of your credit card on receipt +
2. Photo of credit card front & back

### Example B

3. Receipt (**Paid in Full**) with name **BUT NO numbers** of credit card on receipt +
4. Bank statement cover page and the page with the line item charge

### Receipt Types

1. Hotel Folie showing all charges paid with ZERO balance.
2. Airline paid in full receipt. NOT a booking
3. Games registration with athlete's name and event name

Athletics Contact  
Stanley Appleman [sappleman@lapraac.com](mailto:sappleman@lapraac.com)

If you need anything else, please call 323-221-5222 ext 219

## READ CAREFULLY

**All Reimbursement Requirements  
must be sent in **within 30 days** of the event.**

Email [sappleman@lapraac.com](mailto:sappleman@lapraac.com)

### 1. Reimbursement Form

- a. Individual form
- b. World Game Individual form
- c. Team Reimbursement form

### 2. Proof of Payment / Receipts

- d. **Event** Registration receipt
- e. **Hotel folio** receipt showing zero balance – **with** bank statement / matching credit card
- f. **Airline receipts** – full flight plans – **with** bank statement / matching credit card
- g. **Bank statements** must include cover page
- h. **Credit card** front and back - hide numbers leaving last 4 numbers visible

### 3. Proof of Participation

- i. **Photo** at event
- j. **Credential**
- k. **Results** with your name

## **Uploading requirements – I M P O R T A N T**

### **Scanning Documents or iPhone pictures of documents**

- 4. PDF or JPG – send **FULL SIZE IMAGE**
- 5. MUST be **high resolution**
- 6. Must be in FOCUS, CLEAR and READABLE
- 7. **Do NOT** send thumbnail images
- 8. **Do NOT** highlight.
- 9. **Circle with pen or Point an arrow** at the line item.

# WORLD GAMES Reimbursement Form

## Los Angeles Police Revolver and Athletic Club

Submit reimbursement requests, original receipts, and all supporting documents to:

LAPRAAC ATHLETIC OFFICE.

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

1. Date Submitted \_\_\_\_\_
2. Make Check Payable To \_\_\_\_\_
3. Team Name \_\_\_\_\_
4. Reimbursement Event \_\_\_\_\_
5. Serial Number \_\_\_\_\_
6. Amount approved for reimbursement \$ \_\_\_\_\_

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

### OPTIONS:

- ☐ Mail Check 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 \_\_\_\_\_

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