Team Uniform Reimbursement Guidelines

Los Angeles Police Revolver and Athletic Club

1. Team uniforms are limited to
    a. Shirts
    b. Hats
    c. Jersey's (not equipment)
2. All uniform designs must be submitted for approval prior to purchase.
3. Submit your decorators design to the LAPRAAC office via email
4. The LAPRAAC logo should be visible and prominently placed
5. All receipts must be submitted within 30 days of the date on the receipt
6. All team reimbursements must be approved by the team captain prior to your purchase.
7. All reimbursements must have the Team Captain's signature & serial
8. All reimbursements must have 2 signatures who are not related to or the recipient of the reimbursement.

For more details,

2025-2026-Budget-Guidelines.pdf

Team Form

Read carefully for FAST reimbursements

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 last 4 numbers of credit card on receipt** +
4. Bank statement cover page and the page with the line item charges **is REQUIRED**

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

Laptop vs Cell phone

1. Laptop downloaded docs **(preferred)**
   a. bank statements with cover page show all info – name, charges

2. Cell phone screen shots
   b. Bank screenshots typically hide your name, last 4 number on card
   c. Turn off **DARK MODE**

Athletics Contact
Josh Ellis jellis@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

To Qualify, you **MUST** be on the Sponsored Team Roster. **Confirm** with your Team Captain.

1. **Reimbursement Form**
    a. Individual form
    b. World Game Individual form
    c. Team Reimbursement form
2. **Proof of Payment / Receipts – Laptop downloaded docs preferred**
    d. **Event** Registration receipt **REQUIRED**
    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** or **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.

Athletic Budget Guidelines & Reimbursements - LAPRAAC

LAPRAAC - TEAM REIMBURSEMENT FORM

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

LAPRAAC ATHLETIC OFFICE

To Qualify, you **MUST** be on the Sponsored Team Roster. **Confirm** with your Team Captain.

1. Date Submitted _____

2. Make Check Payable To _____ **Serial #** _____ **Cell** _____

3. Team Account Name _____

4. Reimbursement Event Name _____ **Event Date** _____

5. Amount of Check $ _____

6. Requested by _____ **Serial #** _____ **Cell** _____

7. All reimbursements must be **submitted within 30 days of event** & have Team Captains signature and serial.

8. All reimbursements must have 2 signatures who are not related to, or the recipient of the reimbursement.

Captain/Team Member #1 **Captain/Team Member #2**

9. **Print Name** _____ **Serial** _____ **Print Name** _____ **Serial** _____

Sign _____ **Sign** _____

10. Mail Check to Address _____

City _____ State _____ Zip_____

or

11. Check will be picked up by: _____

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

Athletic Dept Approval _____ Finance Dept Approval _____

General Manager Approval _____

GL# _____ Dept. _____

Specialty Games Budget _____ Regular Budget _____

Athletic Department Contact

Josh Ellis jellis@lapraac.com

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

Updated 2026.06.24