Red Raider Softball Expense Reimbursement

PURPOSE: _____ STATEMENT NUMBER: _____ SEASON: _____

REQUESTOR INFORMATION:

Name _____ Position _____ Name on Check _____

Address _____ _____ _____

Date	Description	Purchased From	Equipment	Fuel	Meals	Hotel	Entertainment	Misc.	Total
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -	
								Subtotal	$ -
								Advances	
								Total	$ -

APPROVED: _____ Position: _____

_____ Position: _____

For Internal Use Only

Date of Reimbursement: _____ NOTES: _____

Check #: _____ _____

Program expense is for: _____ _____

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