

LAKE STEVENS LITTLE LEAGUE REIMBURSEMENT VOUCHER

Please attach your bill to this voucher along with any receipts for purchases. Fill out the form below. A reimbursement check will be issued as soon as possible.
If you would like the check mailed to you please give me your address.

NAME: _____

TEAM: _____

PHONE: _____

AMOUNT OF BILL: _____

Explanation of what the money was used for: _____

MAKE CHECK PAYABLE TO: _____

SIGNATURE: _____

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PLEASE DO NOT WRITE BELOW THIS LINE

Check Made Out To:

Check Number: Check Date:

Amount: \$

Treasures Signature: \_\_\_\_\_