Gladewater Youth Baseball Association

# Expense Reimbursement Request

Date: _____ Name: _____

| Date | Paid to | For | Account | Amount |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | |

**Submitted Date:** _____

**Board Approval: YES____ NO ____** **Approval Date:** _____

---

**Paid by:** _____ **Date:** _____

**Check Number:** _____ **Amount:** _____