

Oregon City  
 Youth Sports, Inc.  
 A Non Profit Organization

P.O. Box 878  
 Oregon City, OR 97045  
 (503) 632-0569

### REQUEST FOR REIMBURSEMENT

Reimbursement To: \_\_\_\_\_

Expense Description: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

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TOTAL: \$ \_\_\_\_\_

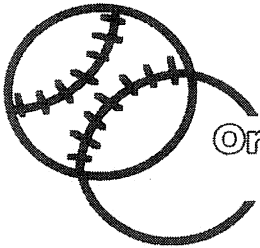
*I have attached receipts and request a reimbursement.*

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

Date: \_\_\_\_\_

To be mailed to: \_\_\_\_\_

To be picked up: \_\_\_\_\_



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