**Coach/Manager Reimbursement Procedure**

* Please fill out the information that follows and staple your receipts to this form.
* Submit your form and receipts to **YOUR TEAM MANAGER** before December 1st
* The team manager will submit them as a group to the Mike Richards for approval.
* The coaching director will pass along approved reimbursements to the Club’s Treasurer, who will issue checks.
* Checks will be mailed to the address listed on the form.



Reimbursement Form

(PLEASE PRINT)

Season: 2025-26

Coach’s/Manager’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_

List of Receipts: USA Registration Amount $ \_\_\_\_\_\_\_\_\_\_\_

Screening Amount $ \_\_\_\_\_\_\_\_\_\_\_\_

Modules Amount $ \_\_\_\_\_\_\_\_\_\_\_\_

Certification(CEP)L\_\_ Amount $ \_\_\_\_\_\_\_\_\_\_\_\_

**Grand Total Amount $ \_\_\_\_\_\_\_\_\_\_\_\_**

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