**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: \_\_\_\_\_\_\_\_\_\_\_\_\_