Payment and/or Reimbursement Request Form

CHECK REQUESTED BY:

Team Name (if applicable): _____ Date of Request : _____

Reimbursement Category:

- ☐ City League
- ☐ Travel League
- ☐ 7th/8th Grade
- ☐ Uniforms
- ☐ Other: _____
- ☐ MYGS Tournament - May
- ☐ MYGS Tournament - June
- ☐ Operation Cost
- ☐ Concession

Additional Information: _____

Submitter's Signature : _____ Date: _____

PAY TO THE ORDER OF:

Mailing Address: _____

City: _____ State : _____ ZIP: _____

Amount of Request : _____

Submit completed form to Jesse Rozmarynowski, MYGS Treasurer: jarozmarynowski@gmail.com

TREASURER'S USE ONLY BELOW THIS LINE

Date of Request : _____ Date Approved : _____

Request Approved By : _____

Check Number : _____

If request is denied, indicate reason for denial : _____

Treasurer's Signature : _____ Date : _____

THANK YOU