

Rockford Water Polo Reimbursement Request

Please fill out this form completely. **Receipts, invoices or contacts must be attached** in order to receive reimbursement payment. Return form and documentation to Team Administrator.

Name: _____ Date: _____

Event: _____ Expense Amount: _____

Description: _____

For Admin Use: Receipts attached

Approved by: _____ Date: _____

Check #: _____ Amount: _____ Note: _____

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