

Canyon Hills



Little League

Reimbursement Request Form

Date of request: _____ Date of purchase: _____

Item(s) purchased, quantity, & price of each item:

Reason for purchase:

Total Amount Requested:

\$ _____

Person requesting reimbursement:

Print name: _____

CHLL Check # _____

Signature: _____

Approved:

Denied:

Original receipt(s) must be turned in before reimbursement is paid. All requests must be approved or denied by at least three board members appointed by the President. Reimbursement will be made within 10 days after receiving request & receipt(s).