



IMPORTANT: Coaches **MUST** submit receipts within 30 days from the last game of the season for team parties. If not submitted within 30 days Garrison City F.C. reserves the right to deny reimbursement.

Garrison City F.C. Reimbursement / Disbursement Request

Requestor First & Last Name: _____

Role / Responsibility: _____

Itemized Expenses Being Requested for Reimbursement

Please fill in below to indicate the date of the expense, Payee (to whom the check will be made), purpose and a description or explanation so that the expense type can be determined for our records. You may use multiple lines. One form per Payee, i.e. per check to be written. Please make the information as clear and easy to understand as possible.

DATE:	PAYEE:	DESCRIPTION OF EXPENSE:	AMOUNT:
			\$
Total Requested:			

Please be sure to attach / include receipts!

Requestor Signature

___ / ___ / ___
Date

Treasurer Signature

___ / ___ / ___
Date

Deliver this form and the receipts to the Garrison City F.C. Treasurer (electronic copy is acceptable).
Garrison City F.C., PO Box 1495, Dover, NH 03820