

# Waltham Youth Soccer Request for Reimbursement

Date: \_\_\_\_\_

Requested by: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Amount: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Receipts Submitted    YES \_\_\_\_\_    NO \_\_\_\_\_

## For WYS Treasurer only:

Paid Date \_\_\_\_\_                      Amount \_\_\_\_\_

Check Number \_\_\_\_\_                      Category \_\_\_\_\_

Send request to the Treasurer by email:

[Treasurer@walthamyouthsoccer.org](mailto:Treasurer@walthamyouthsoccer.org)

Send request by mail:

Waltham Youth Soccer, PO Box 540131, Waltham MA 02453

Or

Bring request to monthly board meeting