

REQUEST FOR REIMBURSEMENT OR PURCHASE FROM COCALICO BOYS
LACROSSE CLUB

DATE REQUESTED _____

NAME OF PERSON REQUESTING ITEM/S OR MEETING _____

ITEM REQUEST:

PLEASE LIST THE ITEM/S YOU ARE REQUESTING _____

EXPLAIN WHY IT IS NECESSARY _____

ESTIMATED COST TO THE CLUB _____

REQUEST FOR MEETING/CONFERENCE REIMBURSEMENT:

NAME OF THE PROGRAM _____

EXPLAIN BRIEFLY HOW IT WILL BENEFIT THE CLUB _____

COST TO THE CLUB _____

REQUEST APPROVED ON: _____ DENIED ON: _____

REASON DENIED: _____