

Twin Town Little League
Expense Reimbursement Report



Date: _____

Submitted by: _____

Purchase Date	Vendor Name	Purchase Amount	Description/Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	
		\$	-

I certify that all of the above listed purchases were made for Twin Town Little League and no items were purchased for any other purpose.

Signature

Date

****Receipts must be submitted with this form or the expense will not be reimbursed**

SUBMIT SIGNED FORM TO TREASURER