**Expense Reimbursement Request**

**Fill out form, attach receipt and send request to MVLAGS, P.O. BOX 4264, Mountain View, CA 94040 or treasurer@mvlags.org**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Check** | **PayPal** |
| **Address** |  | | |
| **PayPal Address** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Description** | **League Code** | **Amount** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  | **Total:** |  |

Signature Date submitted

***NOTE****: Please attach receipts.*

|  |  |
| --- | --- |
| ***Type Examples***  Fields  Equipment  Publicity  Office Supplies  Snack Shack  Copying (non-publicity)  Safety  Uniforms  Umpire Program | ***League Codes***  R = Recreation League  NF – Nova Fall  NS = Nova Summer  SS = Summer Stars |