



## St. James Athletics Reimbursement Receipt

Name: \_\_\_\_\_

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

Event Name: \_\_\_\_\_

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

Amount to be Reimbursed (\$): \_\_\_\_\_

Receipt Attached: Yes  No

if no, why: \_\_\_\_\_

Note: All receipts must be submitted within 30 days of event to receive reimbursement.

Note: All reimbursement checks not deposited within 90 days will be voided.

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### **SJAA Treasurer Only:**

Name:

Date:

Amount Reimbursed (\$):

Check #:

Attach Copy of Receipt.