



Sarnia Braves Minor Baseball Expense Reimbursement Form

Expense Claimant Information

Name: _____	Telephone #: _____
Address: _____	Email: _____

Tournament Expenses

Team: _____	Date: _____
Coach: _____	Location: _____

Description	Amount	Comments
Hotel Rooms:	\$ _____	(\$150 x 2 nights - \$300 max claim, max \$600 / team / tournament)

Miscellaneous Expenses

	Amount	Description
Other:	\$ _____	_____
Other:	\$ _____	_____
Other:	\$ _____	_____
Other:	\$ _____	_____

Total Claim Amount:	\$ _____	_____	_____
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Signature of Claimant

Date

Approval of Treasurer

Date

Accounting Information – Treasurer Use Only

Account	Amount	Cheque #	Account	Amount	Cheque #
General	\$ _____	_____	Raffle	\$ _____	_____
Bingo	\$ _____	_____	Baseball Moms	\$ _____	_____

The completed form, with necessary attachments can be emailed as one PDF, or delivered hard copy to the Treasurer. Allan Ebert, 667 Esser Cr., Sarnia, ON or Braves.Treasurer@mdirect.net