



St. Dominic Athletics Association
REIMBURSEMENT or REQUEST
(circle one)
FOR FUNDS FORM

NOTE: ALL INVOICES, RECEIPTS OR PROOF OF PAYMENT MUST BE ATTACHED

Date: _____

Dollar Amount: \$ _____ Date Required: _____

Check Payable to: _____

Mail to Address

Phone Number: _____

REASON FOR EXPENDITURE:

Checks will be sent to the vendor or to the requestor via online banking.

Approvals:

President/Treasurer (Signature/Date)

Requestor (Signature/Date)

Athletic Board Approval Date: _____