

**TEAM EXPENSE REIMBURSEMENT REQUEST**

**Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **ADDRESS**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **STATE ZIP**

**Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of Expense:**

**\*\*Receipts must be attached for all expenses**