

**TEAM EXPENSE REIMBURSEMENT REQUEST**

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

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

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

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

**ADDRESS**

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

**STATE ZIP**

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

**Description of Expense:**

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