

# Grand Pickleball Club

## Expense Reimbursement Request

Date \_\_\_\_\_

Total Amount Requesting \$	
<b>Purchased From:</b>	
<b>Amount Paid:</b>	
<b>Brief Description and Reason for Items Purchased:</b>	
<b>Purchased From:</b>	
<b>Amount Paid:</b>	
<b>Brief Description and Reason for Items Purchased:</b>	
<b>Purchased From:</b>	
<b>Amount Paid:</b>	
<b>Brief Description and Reason for Items Purchased:</b>	
<b>Requested by:</b>	
<b>Request by Signature</b>	
<b>Approved by Signature</b>	
<b>Date Paid</b>	
<b>Check Number</b>	