



LAS VEGAS SENIOR SOFTBALL ASSOCIATION, INC.

REQUEST FOR REIMBURSEMENT

Fill in one box below

LVSSA Tournaments	Other Tournaments	Non-Tournament Expenses
Spring Classic <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
World Masters <input type="checkbox"/>		

If Tournament Expense – Provide Your Team Name: _____
Provide Tournament Name, Location, and Dates: _____

If Non-Tournament Expense – Briefly Explain: _____

If Non-Tournament Expense - Show Date: _____

Make check payable to: _____ \$ Amt: _____

Documents given to - Print Name: _____

Print Requestors Name: _____

Requestors Signature: _____

I certify that this expense has been approved by the LVSSA Board.

Funding verified by: _____ Date: _____

Give or mail to George Fernandes 8071 Villa Cano Las Vegas, NV 89131

Give or mail to Jeff Thomson 4375 Topaz Rd Las Vegas, NV 89104