



# EXPENSE REPORT FORM: TEAM EXPENSES

TEAM "Gender-Age Level" & "Name" (e.g., GU-15 White 89): \_\_\_\_\_

TEAM ID: 02-10-188- \_\_\_\_\_

DATE: \_\_\_\_\_

PAYEE NAME: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### INSTRUCTIONS

Use this form only to get reimbursed for expenses you incurred on behalf of the team. This form must be completed fully and be approved by the Team Treasurer or Team Representative. Payments are made only to the extent there is money in the Team Account held by FCA. Attach copy of corresponding receipts to the form and mail to the FCA Treasurer.

ITEM #	EXP DATE	DESCRIBE EXPENSE & PURPOSE	EXPENSE \$
<b>TOTAL</b>			

Approved by (check one only):  Team Treasurer  Team Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature