



Girls on the Run of Maricopa County Reimbursement Request SNACKS

PLEASE READ: Receipts must be taped to an 8 1/2 x 11 sheet of paper. Staple receipted page to this form. Incomplete expense forms will be returned to sender for completion.

This form is to request reimbursement for:

School Site: _____
 Size of team: _____

Make Check Payable To: (Please print neatly)

Name _____ Daytime phone (____) _____
 Mailing Address _____
 City _____ State _____ Zip _____

Reason for expense	Date of expense	Amount to be reimbursed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount to be reimbursed: \$ _____

**PLEASE KEEP A COPY OF THIS FORM & ALL RECEIPTS FOR YOUR RECORDS.
 DEADLINE: ALL REIMBURSEMENT REQUESTS FOR SEASON EXPENSES SHOULD BE RECEIVED NO LATER THEN 1 WEEK FROM THE SEASON ENDING 5K RACE.**

I certify that the above is a true statement, that the expenses claimed were incurred by me on official Girls on the Run business, and that I have attached original receipts for each expense.

Signature _____ Date _____

Return completed form to: Treasurer, GOTRMC
 28248 N. Tatum Blvd., B1-463
 Cave Creek, AZ 85331