



**St. Dominic Athletics Association**  
**REIMBURSEMENT or REQUEST**  
(circle one)  
**FOR FUNDS FORM**

**NOTE: ALL INVOICES, RECEIPTS OR PROOF OF PAYMENT MUST BE ATTACHED**

Date: \_\_\_\_\_

Dollar Amount: \$ \_\_\_\_\_ Date Required: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Mail to Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**REASON FOR EXPENDITURE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Checks will be sent to the vendor or to the requestor via online banking.

Approvals:

\_\_\_\_\_  
President/Treasurer (Signature/Date)

\_\_\_\_\_  
Requestor (Signature/Date)

\_\_\_\_\_  
Athletic Board Approval Date: \_\_\_\_\_