

Granada Little League Sponsorship Reimbursement Request

Date:		Submitted by:	Submitted by:	
Addre	ss, City, State, Zip:			
Division:			Manager:	
		Distributed to:		
Reasc	on for Reimbursement:			
	Team Party Supplies	☐ Customization of Team Uniforms	☐ Team Gifts (coaches, team parent, umpire)	
	Team Equipment	☐ Team Bonding Sessions (midseason party)	☐ Team Activities (training, batting cage time)	
	Other (please explain):			
	Please attach ALL	• • •	nts to this completed forms and mail to:	
		GLL Treasurer, PO Box 665, Livern		
	If vo	Please keep copies of all documents fo bu have any questions, please contact: sponsors	•	
	,	a nave any questions, prease contacti <u>sponsors</u>	THE SECTION AND ADDRESS OF THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF	
		For Granada Little Leagu	e Use:	
Approved by:		Date:	Title:	
Amount:		Check #:		
Processed by:		Date:	Title:	