**RCAC Expense Reimbursement Request Form**

For all club related expenses please fill out this form and email a copy to royalcityathletics@gmail.com within 14 days of incurring the expenses. **All receipts** must be included in the email as well in order for your request to be viewed.

**Note:** *this is a way for us to track requests and by filling in the form, it does not automatically validate the request. Reimbursement costs must fall into club policy and each case will be reviewed by members of the board.*

**Name of applicant:**

**Address of Applicant:**

**Role (coach, board, athlete parent, other):**

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| --- | --- | --- |
| **Expense** | **Date** | **Reimbursement Amount** |
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|  |  | **Total:** |