



### Athletic Fee Reimbursement Form

\*\*\* One Form Per Athletic Fee\*\*\*

Sport:

\_\_\_\_\_

Athlete's Name:

\_\_\_\_\_

Reimbursement Payable to:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Best Phone Number:

\_\_\_\_\_

Bank Account Holder\* (If cash please write cash):

\_\_\_\_\_

Reason for Reimbursement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Date of Payment	Total Amount of Payment	Description	Requested Reimbursement Amount

\_\_\_\_\_  
Athlete's Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Purchaser's Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coach's Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only:**

Amount Approved: \_\_\_\_\_

\_\_\_\_\_  
Athletic Office Approval

\_\_\_\_\_  
Date Approved

\* Name printed on the check that was submitted to the Athletic Department