



North Gwinnett Football Association
Reimbursement Request Form

Date: _____

Agent Group: _____

Check one:

Head Coach: _____

_____ Football

_____ Cheerleading

Total Amount for Reimbursement: \$ _____

(Please list each individual receipt with an explanation for the expense. Receipts must be included and legible including date, vendor, amount, items purchased, etc. . . If the form is not completed correctly or proper receipts not included, etc., reimbursement will be withheld until corrected.)

Example: 8/1/2008 – Spirit Wear, Inc., Tshirts for team and coaches \$350, receipt attached

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Payable to: _____

Head Coach: _____

Print Name

Signature

Team Manager: _____

Signature

Check will be left in Team Mailbox for pickup unless other instructions are provided on the line below:

To Be Completed By Treasurer

Date Paid: _____ Check #: _____ Initials: _____

During the regular season, please place reimbursement form and receipts in the Treasurer's mailbox folder located in the NGFA concession stand. After the season, please mail reimbursement forms and receipts to NGFA, PO Box 283, Suwanee, GA 30024 or scan the reimbursement forms and receipts and email to treasurer@ngfa.com.