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# American Polocrosse Association

## Reimbursement Request Form

**PLEASE PRINT**

Amount requested for reimbursement: \$ \_\_\_\_\_

Please give a brief description of the reimbursement request:

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Was this expense outlined in the current APA Budget? \_\_\_\_\_

If so, what expense category should be documented: \_\_\_\_\_

Submitted by: \_\_\_\_\_ (print)

Mailing Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

Reimbursements are to be made 60 days after purchase or within 14 days after the close out of any tour.

Submit Signed Form and Receipts to: Eunice Doelz, APA Treasurer at [americanpolocrosse@gmail.com](mailto:americanpolocrosse@gmail.com) or mail to 7673 175<sup>th</sup> St E, Prior Lake, MN 55372.

Please include **all receipts** outlined in the Request for Reimbursement along with an **authorized signature** from your APA Committee Chairperson.

Submitted by: \_\_\_\_\_ Date \_\_\_\_\_

Committee Chair: \_\_\_\_\_ Date \_\_\_\_\_