



**AMITY POP WARNER  
REIMBURSEMENT REQUEST**

Fill out the form below completely. All receipts should be attached to the form and emailed to [tracey@russolawct.com](mailto:tracey@russolawct.com) or mailed to Tracey Russo, 501 Boston Post Road, Unit 23, Orange, CT 06477.

Date \_\_\_\_\_

Football or Cheer \_\_\_\_\_

Team / Coach \_\_\_\_\_

Approved by \_\_\_\_\_

Submitted by \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Send Check to (name) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Description of Purchase	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total \_\_\_\_\_

<b><u>Treasurer Use Only</u></b>		
Check Number _____	Amount _____	Date _____
Budget Category _____		