



Lakewood Lancers



Pop Warner Football & Cheer

Team Account Request for Reimbursement

(Please circle one)

Division: Flag JMM MM JPW PW JM M

Team Name: _____ **Date:** _____

Amount Requested: \$ _____

Payable to: _____

Reason For Request: _____

I declare that the above is true and accurately reports proper team-related expenses incurred for the benefit of the above named team's players and/or cheerleaders.

Business Manager (Printed Name): _____

Business Manager (Signature): _____

Head Coach (Printed Name): _____

Head Coach (Signature): _____

Please complete and sign this form, attach all original receipts, and submit to: Philip Weinsenstein (Business Coordinator) or Joey Sanchez (Treasurer).

League Use Only

Check# _____ Date Issued: _____

Treasurer (Signature) _____