# Brea Pop Warner
# 2007 Season
# Reimbursement Request Form

Team Name: _____ Division: _____

Team Mom: _____ Phone: _____

**NOTE:** Reimbursements will be made *ONLY for TEAM FOOTBALL RELATED ITEMS!*
(Team Parties, Banners, Team Jackets, or Jersey's, etc.)

| Date | Amount | Description |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**Total Amount Requested: $:** _____

*I declare that the above information is true and accurately reports proper football related expenses incurred for the benefit of Brea Pop Warner League's above-named team and it's players.*

Print Name: _____

Signature: _____ Date: _____

CHECK MADE PAYABLE TO: _____

Complete and sign this form, attach all receipts, include a self-addressed, stamped envelope and submit to:

**Brea Pop Warner**
**Attention: Traesurer**
**P.O. Box 221**
**Brea, CA. 92821**

* Reimbursement checks will be mailed within 7days of receipt of this form if all information is complete and enclosed.

If you have any questions regarding team finances or reimbursement procedures, please contact the Bvrea Pop Warner Treasurer at info@breapower.com.