



**OREGON CITY YOUTH SPORTS**  
BASEBALL & SOFTBALL

Request for Reimbursement

Date	Description	Amount
	Total	

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Requester's Name (who check will be made payable to)

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Requester's phone number and/or email address

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Date

- If reimbursement is from Coaches Account, please ensure adequate funds are available
- Attach supporting documents, receipts, and/or invoices
- Provide form with attachments to Valerie Lee and allow up to a week for reimbursement