



PIONEER YOUTH SPORTS

BASEBALL & SOFTBALL

Request for Reimbursement

Date	Description	Amount
	Total	

Method of reimbursement

PayPal (enter email address) _____

Check (enter mailing address) _____

Requester's Name

Date of Request

- If reimbursement is from Coaches Account, please ensure adequate funds are available
- Attach supporting documents, receipts, and/or invoices
- For Coaches Funds reimbursements, provide form with attachments to Valerie Lee and allow up to a week for reimbursement – registrar@ocys.org
- For other types of reimbursement, provide form with attachments to Cindi Johnson and allow up to a week for reimbursement – treasurer@ocys.org