



Incarnate Word
A C A D E M Y
 2013 National Blue Ribbon School of Excellence

Name of person filling out form: _____ Date ___/___/___

Reimbursement Summary: (Must be accompanied by a receipt)

Vendor/Supplier	Purpose	Amount Paid

Internal Use Only	Approved by: _____	Total Reimbursement: \$ _____.
	Date Approved: ___/___/___	
	Date Reimbursed: ___/___/___	



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Athletic Association Reimbursement Form

Name of person filling out form: _____ Date: __/__/__

1. Team coach reimbursement fee: (Fee must be for coach's child)

Child's Name	Coach's Name	Sport Played	Fee Paid
TOTAL COACH REIMBURSEMENT Request: \$ ____.____			

2. Tournament Entry –or-- Game Entry Fee Reimbursement

(Tournament flyer or invitation must be attached)

Tournament Name	Sport	Date of Tournament	Fee Paid
TOTAL TOURNAMENT REIMBURSEMENT Request: \$ ____.____			

Internal Use Only	Approved by: _____	Total Reimbursement: \$ ____.
	Date Approved: __/__/__	
	Date Reimbursed: __/__/__	