

Grand Pickleball Club

Expense Reimbursement Request

Date _____

Total Amount Requesting \$	
Purchased From:	
Amount Paid:	
Brief Description and Reason for Items Purchased:	
Purchased From:	
Amount Paid:	
Brief Description and Reason for Items Purchased:	
Purchased From:	
Amount Paid:	
Brief Description and Reason for Items Purchased:	
Requested by:	
Request by Signature	
Approved by Signature	
Date Paid	
Check Number	