

## ORA Reimbursement Request Form

(Note: most purchases require prior Board of Directors approval except as stated below\*)

Name of Requestor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pay to the Order of: \_\_\_\_\_

Payee Address: \_\_\_\_\_

Street

City

State

Zip

Amount Requested: \_\_\_\_\_

(attach receipts to this form)

Purpose/Justification:

\*Board Approval Date: \_\_\_\_\_

\*Members of the Board of Directors, Board appointed Committee Chairperson, and the Coaches are authorized to make small purchases without prior Board approval. Such purchases shall not exceed \$20.00 at any one time and shall not exceed \$100.00 during the fiscal year. **Reimbursement request must be made within 90 days of purchase date on receipt.** Reimbursement of all other purchases made without prior Board approval will be considered for possible payment on a case-by-case basis.

Payment Date: \_\_\_\_\_

*FOR ACCOUNTING USE ONLY:*

CHECK NO. \_\_\_\_\_ or ELECTRONIC DISTRIBUTION NO. \_\_\_\_\_

DATE: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

CATEGORY: \_\_\_\_\_