REIMBURSEMENT REQUEST FORM

Teams must verify team balance before spending funds

Special Olympics Montana

Date	Area/Team	Submitted by

Make check out to	Address for payment

Date of Expense	Vendor Name	Item Purchased fuel, lodging, bus, meals, supplies, uniforms, etc	Event Area Games, Athlete Training, SSG, SBB, LETR, General, etc	Amount	Receipt Attached
					☐
					☐
					☐
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					☐
			TOTAL REIMBURSEMENT AMOUNT	$ 0.00	

Submit to Area Finance Coordinator with copies of all receipts immediately after event

Finance Coordinator Info:

Special Olympics Montana
710 1st Ave N | PO Box 3507
Great Falls, MT 59401

FOR AREA USE ONLY

Team Balance	
Less Total Receipts	
New Team Balance	$ 0.00
Approved By	
Date Paid	

Check #

updated 08/30/2024