

Berkshire Cal Ripken Reimbursement Request

Date requested _____

Make check payable to _____

Mailing Address _____

Cell Phone _____

Email _____

Date of Purchase	Items Purchased	Amount
Total To Be Reimbursed		

*******PLEASE ATTACH ALL RECEIPTS TO THIS FORM*******

Certification: The expenses listed above were incurred in connection with authorized Berkshire Cal Ripken work and were not otherwise reimbursed to me.

Signature _____

Date _____

(For the treasurer's use only)

Date rec'd: _____

Date paid: _____

Check #: _____