



Orange Park Athletic Association
PO Box 313
Orange Park, FL 32067

Expense Reimbursement Request

Please complete the information below, attach supporting receipt(s), and submit the completed form to the Treasurer. treasurer@opaa.us In order to receive a reimbursement you must have Team funds available. If the amount being requested is not available within the team fund, you will be reimbursed up to the available amount. **You must submit your reimbursement request within 90 days of the purchase date.** Please allow 30 days for this request to be fulfilled.

Name: _____ Date: _____
Address: _____ City, State: _____
Phone: _____ Email: _____

Date of Purchase	Vendor	Purpose of Purchase	Amount	Age Division	Team Name	Coach Name

Signature: _____

Treasurer Use Only:

Date Paid _____ Check # _____ Initials _____

How Delivered: Hand _____ Mail _____

[Form Board Approved 12/06/23]