



Canby Junior Baseball

Reimbursement Request

Requested By _____ **Date** _____

Receipt _____

(please attach copy -
verification required)

Amount Requested _____

Description _____

Payee/Vendor _____

Approved By _____

Signature _____

Send to Tom Scott

PO Box 806 Canby, Oregon 97013

tomscott @scott-investments.com
