

# Lower Loudoun Little League

## Request for Funds

Date of Request: \_\_\_\_\_

Reimbursement  
Request

(attach receipts)

Invoice

(attach invoices)

Request for  
Advance

Name of Person Submitting Request: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

*Note: Reimbursement Request will not be processed with a signature.*

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

Check Payable To: \_\_\_\_\_

Brief Description of Expense: \_\_\_\_\_

Make Check Payable to:

Name: \_\_\_\_\_

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

***Please return to: Steve MacNabb, Treasurer***

*(If you have any questions, please contact me via email: [shmacnabb@aol.com](mailto:shmacnabb@aol.com) or 703-850-7294)*

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Treasurer Use: Date Rec'd: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Approved By: \_\_\_\_\_ Check #: \_\_\_\_\_

Budget Line Item: \_\_\_\_\_