

# NTWSA TEAM REIMBURSEMENT FORM

Team Name/Division: \_\_\_\_\_

Reason for Reimbursement: \_\_\_\_\_

Amount Requesting: \_\_\_\_\_ Game Date: \_\_\_\_\_ Field \_\_\_\_\_

Please make check payable to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Was this reimbursement due to a forfeit? (please circle one) Yes No

If yes, a copy of the game card MUST be attached before reimbursement will be approved.

Return this completed form to: NTWSA  
Talina Caldwell  
League Commissioner  
1207 Briarwood Drive  
Garland, TX 75041

\*Any request for reimbursements received after 30 days of game date will take longer for reimbursement\*

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To be filled out by League Commissioner:

Date Received: \_\_\_\_\_

Verified for Payment: \_\_\_\_\_

Coding: \_\_\_\_\_