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Clear Form

Receipts must accompany all requests for reimbursement of expenses.
Expenses claimed without a receipt will be denied.

Special Olympics Utah

Team Expense Reimbursement
Fax to: 801-363-1524
Attn: Accounting

Date: Team/#:

Payable To:

Mailing Address:

City, State, ZIP:

Telephone:

Expense Categories:

1 - Equipment & Supplies	4 - Meals & Snacks	8 - Uniforms
2 - Facilities	5 - Mileage & Transportation	9 - Other
3 - Fund Raising Expense	6 - Postage & Copying	

Amount	Vendor/Store	Description	Category

0.00 Total

Approved by: