

# AAWC "EARN YOUR WAY"

## REIMBURSEMENT FORM

Fill out the form below completely. All receipts should be attached to the form and submitted to an AAWC board member.

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

Wrestler's Name: \_\_\_\_\_

Event/Item: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Description of Purchase	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

### Treasurer Use Only

Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_