



2222 Broadwater Avenue, Suite 101
 Mailing Address: P.O. Box 22522; Billings, MT 59104
 (406) 294-9480

Manager/Coach Request for Reimbursement

Date of Request _____

Payee is: ____ Team Manager ____ Team Coach ____ Team Parent

Payee Name _____

Payee Address _____

Payee City / State / Zip _____

Payee Phone _____

Reimbursement requested for (*check all that apply*):

<input checked="" type="checkbox"/>	Item	Amount	Pay To (<i>circle one</i>)	Magic Check # (<i>for office use</i>)
	Tournament Registration Fee (up to \$500)	\$	TOURNAMENT / PAYEE	
	Tournament Travel Roster Fee to MYSA	\$ 10.00	MYSA / PAYEE	
	Tournament Travel to Coach (Maximum \$400)	\$	COACH / PAYEE	
	TOTAL AMOUNT REQUESTED	\$		

Team Name _____ Premier / Select / Classic Team (*circle one*)

Coach _____

Coach's Address _____

Tournament Name _____

Tournament Remit Address _____

Tournament Remit City / State / Zip _____

Date of Tournament _____

This is our team's third tournament. I certify that the above expenses have been incurred by our team and not yet reimbursed by Magic. I have completed the team tournament registration and tournament travel papers.

Signed _____ Date _____

For office use only: Checks distributed on _____ by _____