



## MOREA Expenditure Reimbursement Request Form

Please use this form for payment of all MORT & MORT Beta Robotics Team bills and reimbursements. Complete the form, attach the necessary documentation, and give to Mr. Bodmer for processing by Mrs. Lavin. Please note that only pre-approved expenses will be reimbursed by the team.

Name and position of MORT /MORT Beta team member making request:

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

**Check the type of request:**       Reimbursement       Payment to 3<sup>rd</sup> party

Reason for expenditure (e.g. materials purchased, office supplies, etc.). Please state the specific items and/or services and cost breakdown if more than one category included.

- |  |          |  |          |
|--|----------|--|----------|
| <input type="checkbox"/> Competition / Scrimmage Fees      | \$ _____ | <input type="checkbox"/> Tooling & Expendables     | \$ _____ |
| <input type="checkbox"/> Robot Materials, Parts, Fasteners | \$ _____ | <input type="checkbox"/> Robot Fabrication Costs   | \$ _____ |
| <input type="checkbox"/> Spare Motors & Spare Parts        | \$ _____ | <input type="checkbox"/> Pit Requirements / Carts  | \$ _____ |
| <input type="checkbox"/> Storage Containers & Tool Boxes   | \$ _____ | <input type="checkbox"/> Shipping Costs/Container  | \$ _____ |
| <input type="checkbox"/> Practice Goals & Playing Field    | \$ _____ | <input type="checkbox"/> Team Giveaways/Buttons    | \$ _____ |
| <input type="checkbox"/> Storage Containers & Tool Boxes   | \$ _____ | <input type="checkbox"/> Team T-Shirts, Caps, etc. | \$ _____ |
| <input type="checkbox"/> Publicity / Chairman's Award      | \$ _____ |  |          |

To whom should the check be made payable? \_\_\_\_\_

If mailing, the name and address to whom the check should be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total amount requested:** \_\_\_\_\_

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

**Please to be sure to attach all necessary documentation, including receipts and/or invoices.**