



Sponsorship/Donation Reimbursement Request

RBFC Team: _____

I am requesting reimbursement for the following expenses:

Expense	Amount	Receipt Attached (Yes/No)

Total Reimbursement: \$ _____

Team Manager/Contact:

Name: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Please send all reimbursement requests to:

Real Billings Football Club
P.O Box 3371
Billings, MT 59103
realbillingsfootballclub@gmail.com

** Please include this form with all reimbursement requests **

Any questions please contact:

Tara Kelsey, RBFC Registrar

realbillingsregistrar@gmail.com or (406) 670-6367