



SAN DIEGO

LA Galaxy San Diego

LAGSD is a 501 c.3 non-profit organization
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Reimbursement Form

Request by:

Date:

Make Check Payable to:

Mailing Address:

Club Activity:

Reason for Reimbursment:

Item: Amount:

Item: Amount:

Item: Amount:

Item: Amount:

Item: Amount:

Item: Amount:

Item: Amount:

Item: Amount:

Item: Amount:

TOTAL:

Signature: _____

Please attach all Receipts to this form and Mail (to the above address)
or scan to: finance@lagalaxysd.com

Thank you for your help!

CLUB USE ONLY

Approved by: _____
Account: _____
Class: _____
Date: _____