



Dickinson Mustang Baseball Club Expense Reimbursement Policy 2026 Season

The Dickinson Mustang Baseball Club's **Expense Reimbursement Policy** ensures transparency for all approved purchases. Requests must follow the instructions below, or reimbursement may be delayed or denied. Thank you for your cooperation.

Purpose:

This form is to be used by board members, league coaches, travel baseball coaches and managers, the concessions coordinator, and applicable volunteers to request reimbursement for expenses related to the 2026 Dickinson Mustang Baseball Season.

Eligible expenses include but are not limited to:

- Equipment purchases
- Concession items
- Tournament fees
- Safety related items
- Maintenance items
- Other approved expenditures

Dickinson Mustang Baseball does not reimburse travel expenses such as mileage, hotel stays, or meals. Reimbursement is limited to approved expenses directly related to the 2026 season, as outlined above. Personal expenses or costs not specifically authorized by the Board are not eligible for reimbursement.

Reimbursement Policy:

1. Submission Timeline:

Expense forms must be submitted within 4 weeks of the purchase date and no later than September 30, 2026, the end of Mustang's fiscal year.

2. Required Documentation:

The Expense Reimbursement Form must be completed with itemized receipts attached.

3. Submission Methods:

- **In-Person:** Physically hand them to one of the Board Officers (contact info below).
- **Mail:** Dickinson Mustang Baseball PO Box 448, Dickinson, ND 58601
- **Email:** Scan and email to: dickinsonmustangbaseball@gmail.com

4. Approval Process

Once submitted, a Board Officer will review and approve the reimbursement request. Approved forms will be passed to the Treasurer for check writing by the accountant.

5. Processing Time

Allow up to 2 weeks for reimbursement processing after submission.

Board Contact Information:

Kaylee Lapp

President

(701) 212-6761

Hank Gale

Vice President

(208) 970-2223

Kelsey Jackson

Treasurer

(970) 520-6161

Megan Munds

Secretary

(406) 851-1361



Dickinson Mustang Baseball Club
Expense Reimbursement Form
2026 Season

Name: _____

Phone: _____ Email: _____

Mailing Address: _____

Date of Purchase:	Paid to:	Description:	Amount:

Total Reimbursement Request:

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Don't forget to attach receipts!

Certification:

I certify that the expenses listed above were incurred for Dickinson Mustang Baseball purposes and comply with the reimbursement policy.

Signature: _____ Date: _____

Internal Use Only Dickinson Mustang Baseball Club	
Board Officer Signature:	Date Received:
	Date Approved:
Treasurer Use Only	
Amount Approved:	Date Approved: