



SPECIAL OLYMPICS RHODE ISLAND
370 GEORGE WASHINGTON HIGHWAY
SMITHFIELD, RI 02917

DATE: _____

TEAM NAME: _____

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Amount of Deposit: _____

What the deposit proceeds are from: _____

Amount of re-imbusement: _____

Reason for re-imbusement: _____

Mail re-imbusement to: _____

Address: _____

IF YOU ARE REQUESTING A RE-IMBURSEMENT PLEASE SUBMIT RECEIPTS

**Signature: _____ Received By: _____

**The person who is sending or dropping off the money

Thank you

Robin DeRobbio
Finance Manager
Special Olympics RI