Booster Club Request For Reimbursement

Date of Request: _____

Date Needed: _____

Person Requesting: _____

Requestor Signature: _____

Make check payable to: _____ (if other than person requesting)

Check Distribution Method

☐ Give Check to: _____

☐ Hold for pickup at next BC meeting

☐ Will email treasurer for pickup arrangements

☐ Mail check (fill in address below)

Mail check to: Address: _____

City: _____ State: _____ Zip: _____

Expense Justification

Description of Expenses: _____

Itemized Expenses:

Item Description	Amount

Total Amount Requested: _____

Note: If you are requesting reimbursement for an item already purchased, requestor must submit original receipt(s) along with this form. **Please keep copies of receipts for your records.**

*****For BC Treasurer's Use Only*****

Date Issued: _____ Check Number: _____

Budget Line Item: _____

Treasurer's Signature: _____