



Request for Payment/Reimbursement

Request Made By: _____ Request Date: _____
Event/Activity: _____ Amount Requested: \$ _____
(please attach receipts or copies)

Explanation of Expense: _____

Check Payable to: _____
Address (if Mailed): _____

Requests must be made
within
30 days of purchase.

RECEIPTS OR COPIES OF RECEIPTS MUST BE ATTACHED FOR PAYMENT, THANKS!

Submit Request To: Boosters mail box at the school front office

Ck# _____ Date _____ Authorization _____