



# Reimbursement Form

Email the completed form with all receipts attached to [hvboosterclub@gmail.com](mailto:hvboosterclub@gmail.com).

Date \_\_\_\_\_

Event \_\_\_\_\_

Approver Name \_\_\_\_\_

Submitted by \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Send Check to (name) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Number of Athletes (for end of season party) \_\_\_\_\_

Description of Purchase	Amount
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total</b>	_____

Treasurer Use Only			
Check Number	_____	Amount	_____
		Date	_____
Budget Category	_____		