



# WHS Falcon Volleyball Booster

## Request for Payment / Reimbursement

DATE: \_\_\_\_\_ REQUESTED BY: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PAY TO \_\_\_\_\_ AMOUNT \_\_\_\_\_

Address \_\_\_\_\_

Committee Name \_\_\_\_\_

Purpose \_\_\_\_\_

Budget Category \_\_\_\_\_ Budget Account Number \_\_\_\_\_

Are you the Committee Chair? YES NO APPROVAL: Chair \_\_\_\_\_ Executive Comm. \_\_\_\_\_

Check Delivery (circle one):  Mail It  Call Me  Email me

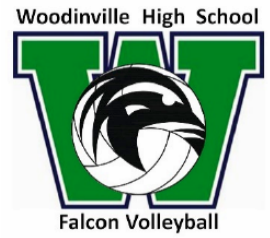
- Itemize purchases below and attach ORIGINAL Receipts
- **PLEASE DO NOT COMBINE PERSONAL AND VB BOOSTER TRANSACTIONS ON THE SAME RECEIPT**

Where Purchased	Item Description	\$ Amount
		\$

**Reimbursement instructions:**

1. All requests should be submitted within 2 weeks of the event or purchase date
2. Attach **original** receipts – not copies
3. Please do not combine personal and Booster transactions on the same receipt
4. All fields on this form must be complete
5. Approvals – Committee Chair or Officer must provide approval prior to submission
6. Contact Booster treasurer with any questions

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Date Paid _____	Check # _____	Amount Paid _____
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