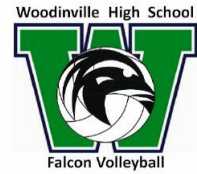


WHS Volleyball Boosters

Request for Payment / Reimbursement



DATE: _____ REQUESTED BY: _____

PHONE: _____ EMAIL: _____

PAY TO _____	AMOUNT _____
Address _____	
Purpose _____	
Check Delivery (circle one): <input type="checkbox"/> Mail It <input type="checkbox"/> Call Me <input type="checkbox"/> Email me	

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

Where Purchased	Item Description	\$ Amount
	TOTAL	\$

Reimbursement instructions:

1. All requests should be submitted within 2 weeks of the event or purchase date
2. Attach original receipts if turning in paper copies. Attached scanned receipts in same email with this form if submitting electronically. Email to: FalconVBBoosters@gmail.com
3. Please do not combine personal and Booster transactions on the same receipt
4. All fields on this form must be complete. Examples of "Purpose": Senior Night Supplies, Coaches Gifts, Food/Drinks for program meal, etc.
5. Contact Booster treasurer with any questions

Treasurer Record		
Date Paid _____	Check # _____	Amount Paid _____