



# Auburn Mountainview Booster Club Reimbursement Form\*



*\*Must be approved by the designated Parent Rep or Chair for your group*

Attach receipts and itemize reimbursable expenses below. Reimbursable purchases should be on separate receipts from personal purchases. Reimbursements must comply with all applicable rules.

Name: \_\_\_\_\_ Group or Committee: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Explanation of Bill	Amount	Group or Committee/Event
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount of Requested Reimbursement: \$ \_\_\_\_\_

*Does this reimbursement comply with applicable rules for your activity? If unsure, please contact your coach/advisor or specific governing body (i.e. NPSL, WIAA, NATS, ASB, etc) for clarification before submitting.*

Signature of person submitting expenses: \_\_\_\_\_

Parent Rep approval (Name/Sig): \_\_\_\_\_

Make check payable to: \_\_\_\_\_ Put in AMHS School box? YES / NO

Mail check to: \_\_\_\_\_

**For Treasurer's Use Only**

Check made payable to: \_\_\_\_\_

Check # \_\_\_\_\_ Check Amount \$: \_\_\_\_\_

Date Issued / Mailed \_\_\_\_\_ / \_\_\_\_\_

Committee/Account Charge	Amount
_____	_____
_____	_____
_____	_____

Treasurer's signature: \_\_\_\_\_