



Auburn Mountainview Booster Club Reimbursement Form*



Attach receipts and itemize reimbursable expenses below. Reimbursable purchases should be on separate receipts from personal purchases. ***AMBC purchases, reimbursements, and fund transfers must be approved by the designated Parent Rep for your group and must comply with all applicable BC finance rules. ***

Name: _____ Group/Committee: _____

Email: _____ Phone #: _____ Date: _____

Explanation of Expense	Amount	Specific Event/Activity
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount of Requested Reimbursement: \$ _____

*** Is the coach/advisor/teacher/staff member -AND- the designated parent rep of this group/activity/committee active Booster Club members? This request will be denied if answered no. Two Booster Club signatures as well as above mentioned memberships are a requirement to access Booster Club funds. ***

Signature of person submitting expenses: _____

Parent Rep approval Parent Rep name: _____ Date: _____

Signature: _____ Email: _____ Phone #: _____

2nd Parent Rep/Coach/Advisor/Staff's name: _____ Date: _____

Signature: _____ Email: _____ Phone #: _____

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
_____	_____
_____	_____
_____	_____