

Lee Rebel Band Booster Club Request for Reimbursement

Requested by: _____
Address: _____

Date Requested: _____
Phone Number: _____

**Form must be filled out, with receipts attached, and have proper approvals before payment will be issued.*
Please keep in mind that the Booster Club is tax exempt, therefore, we do not reimburse taxes paid*

| Date: | Amount: | Merchant Name: | Purpose: | Budget Category: |
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| TOTAL | REIMBURSEMENT | \$ | - | |

Requestor Signature: _____
Committee Chair Approval: _____
Executive Board Member or Treasurer Approval: _____

| Treasurer Only | | | | | |
|----------------|-----------------|-----------|------------|-----------------|-----------|
| Date Paid: | Check # Issued: | Initials: | Date Paid: | Check # Issued: | Initials: |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Date Paid: | Check # Issued: | Initials: | Date Paid: | Check # Issued: | Initials: |
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