

FHS Athletic Boosters Reimbursement Form

Date of Request: _____

Person Requesting Payment: _____ Team/Season: _____

Requested Amount: \$ _____ Phone # _____

Account Charged _____

Expense Description:	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Invoice Attached Receipt Attached **Total Expenses \$** _____

Make Check Payable To:

Name: _____

Address: _____

Approved by: _____

Check # _____

Date pd _____