



Expense Reimbursement Request

Request Date _____

Purpose _____

Request from: _____ General Boosters **OR** _____ Designated Account: _____

Type: _____ Reimbursement Request **OR** _____ In-Kind Donation

Description of Expense(s)

Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	<div style="border: 1px solid black; width: 80px; height: 20px;"></div>

Requested By _____

Name Payable To _____

Recipient Mailing Address

Instructions:

1) Receipts, invoices or other supporting documents MUST accompany form. If not receipt, then contribution is considered an In-Kind Donation

2) Email support documents/completed to the treasurer at :
 treasurer.ihsboosters@gmail.com AND cc the ACC or Advisor/Coach.

OR mail to: IHS Booster Club, PO Box 2542, Issaquah WA 98027

THANK YOU!

Date Paid _____

Check# _____

Amount _____

G/L Acct _____

Bank Acct _____