Auburn Riverside High School Booster Club

Reimbursement or Check Request Form

Contact Sara Wold, Treasurer at 253-343-4570, or arhsbooster@gmail.com

Fill out the following section for a REIMBURSEMENT of funds (items already purchased)

Items: _____ Cost: _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____

Total: _____

Event/Purpose of purchase(s):

_____

_____

You must include a copy of the receipt for any reimbursement of funds

❑ Team/Club: _____

❑ Submitted by: _____ Phone # _____

❑ Coach/Advisor approval: _____ Phone # _____

❑ Athletic Director Approval (Coaches' Stipend Only): _____

Fill out the following section for a BILL PAYMENT (items not yet purchased)

Check Payable to: _____ Amount: _____

Mail to address: _____

_____

You must include a copy of the receipt for any reimbursement of funds

❑ Team/Club: _____

❑ Submitted by: _____ Phone # _____

❑ Coach/Advisor approval: _____ Phone # _____

❑ Athletic Director Approval (Coaches' Stipend Only): _____

Additional Comments:

_____

_____

_____

_____

to be completed by Treasurer only

Notes:

Date of Check: _____

Check #: _____

Check Payable to:_____

Check amount: _____