

Reimbursement Request for DVMS Spartan Boosters Inc.

REQUESTOR NAME:	PHONE:	
CATEGORY: (Circle/Highlight Applicable Committee) Fannie May Concessions Spirit wear Box Tops Donations Staff Appreciation Hospitality Student Recognition Music Student Council Science Fair Speech Scripts Red Ribbon Washington DC PTO Operational Other Please Specify _____ Parents' Club Miscellaneous: _____		
Date Submitted:	Total Amount:	
Date Required:	Check Payable To:	
Details of the Expense:		
OK to Leave the Check in Parents' Cub Mailbox in Yellow Folder (Circle One): YES NO If Not, Address for the check to be mailed:		
Info for Documentation/Treasurer's Files: Signature of the Requestor: _____ Approved by Parents' Club Treasurer (Circle one): YES NO PARTIAL Signature of the Treasurer: _____ Date:		
Amount Paid:	Check #:	Date: