

Boosters At Mount Rainier High School Reimbursement Form

Check requests must include a receipt and/or invoice and 2 signatures.

Team/Club Name:								
Check Requested By:								
Check Issued To:								
Delivery Address:								
Date:	Phone:	Email:						
Total Reimbursement/Check Amount: \$								
Circle the Category:								
Awards/Ceremonies	Camps/Tournaments	Meals/Socials						
Permits/Licenses	Supplies/Merchandise	Travel						
Uniforms/Letters	Miscellaneous, Explain:							
<p>Authorized Signatures (2 Required):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signature _____</td> <td style="width: 40%; border: none;">Date _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: right;">Coach/Advisor</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: right;">Team Parent/Advisor</td> </tr> </table>			Signature _____	Date _____		Coach/Advisor		Team Parent/Advisor
Signature _____	Date _____							
	Coach/Advisor							
	Team Parent/Advisor							

Please attach invoice/receipts to this form.

Keep a copy for your records.