



NORTH KITSAP HIGH SCHOOL ATHLETIC BOOSTER REIMBURSEMENT REQUEST



Please email or mail completed form with all invoices/receipts to nkathleticboosters@yahoo.com or PO Box 1365 Poulsbo, WA 98370.

Checks will be mailed via Bill Pay at Columbia Bank unless other arrangements are made with NKHS Athletic Booster Treasurer.

Please allow up to 2 weeks to process.

FALL SPORTS

- Football
- Boys Tennis
- X-Country
- Girls Soccer
- Swim
- Volleyball
- Athletic Med

WINTER SPORTS

- Boys Basketball
- Swim
- Wrestling
- Girls Basketball
- Gymnastics
- Other

SPRING SPORTS

- Baseball
- Golf
- Boys Soccer
- Track
- Softball
- Girls Tennis

Date: _____ **Total Amount Requesting: \$** _____

Check to be made payable to: _____

Name: _____

Address: _____

Email: _____

Phone: _____

Head Coach Name: _____

Coach has approved this purchase **Yes** **No**

Breakdown of Requested Monies

Amount	Reason item were purchased
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

Received by NKHS athletic Booster Member: _____

Board Approval if over \$500: _____

Reimbursement Completed by: _____ Date: _____