Expense Reimbursement Request

Submit to Sport Treasurer or Executive Treasurer with original receipts attached

Required: Original receipts must be attached for every expense listed. Receipts must be submitted within 30 days of purchase. No receipt = no reimbursement. Payment by check only.

REQUESTOR INFORMATION

Full Name: _____ **Role / Sport:** _____

Mailing Address: _____

Phone / Email: _____ **Date Submitted:** _____

EXPENSE DETAIL — ATTACH NUMBERED RECEIPTS TO MATCH EACH ROW

#	DATE	DESCRIPTION OF PURCHASE	AMOUNT	RCPT
1	Date: _____	Description: _____	$ _____	#__
2	Date: _____	Description: _____	$ _____	#__
3	Date: _____	Description: _____	$ _____	#__
4	Date: _____	Description: _____	$ _____	#__
5	Date: _____	Description: _____	$ _____	#__
TOTAL REIMBURSEMENT REQUESTED			**$ _____**	

⚠ **Number each receipt to match the row above and attach all originals.**

PURPOSE & ACCOUNT

What were these expenses for?: _____

Charge to Account (Sport Account or Executive Booster Club): _____

REQUESTOR CONFIRMATION

☐ All receipts are attached and numbered to match the table above.

☐ All expenses were for Booster Club purposes only — no personal items included.

☐ I understand all purchased items become property of Shalom Christian Academy.

FOR OFFICE USE ONLY

Completed by Treasurer and Executive President. Both signatures required before payment is issued.

Treasurer Signature: _____ **Date:** _____

Decision: ☐ Approved in Full ☐ Approved — Partial ☐ Denied

Check #: _____ **Amount Paid: $** _____ **Date Issued:** _____