

HHGBC Request for Payment / Expense Reimbursement

INSTRUCTIONS: Attach copies of all invoices, receipts, or billing statements – please retain originals. Remember to include sales tax on reimbursable items. Form must be signed by the requesting team or club designated parent representative or club officer along with the coach or advisor. Place completed form and supporting original documents in the Booster Club inbox in the school office or email the form and copies of all supporting documents to the Booster Club Treasurer. Incomplete forms and those lacking necessary documentation will be returned. Reimbursements by check can be picked up or sent to requestor when a self-addressed, stamped envelope is provided. If you need assistance or have questions, please contact the Booster Club Treasurer paula.adkison@mckesson.com

Detail of Expense

Team or Club: _____

Payee: _____

Phone number: _____ Total amount: _____

Items or programs to be reimbursed: _____

Method of Payment

- Pay attached bill
- Reimburse me
- Other (explain below):

Special Instructions

Parent Signature/Club Officer Signature

Printed name: _____ Phone: _____

Signature: _____ Date: _____

Coach/Advisor Signature

Signature: _____ Date: _____

Booster Club Treasurer's Use Only

Check Number: _____

Check Date: _____

Check Amount: _____