

PESH XC Booster Club

Reimbursement Request

Please fill out completely, attach any necessary documentation and submit to Treasurer.
Please allow 72 hours to process.

Date: _____

Name: _____

Email: _____

Event: _____

Phone: _____

Budget Line Item to Debit *	Item Purchased	Place of Purchase	Amount**
TOTAL			\$ -

* A check cannot be issued if there are not sufficient funds remaining in the account(s) specified.

** Sales tax will not be reimbursed. Please be certain to use a Sales and Use Tax Exemption Form at the time of purchase to avoid paying sales tax.

Submitted by: _____
Committee Chairman

Received by: _____
Treasurer

Treasurer Notes		
Receipt Rec'd? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Paid: _____	
Check # _____	Account(s) <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>	
Amount _____	Initial Acct Bal: _____	
	Exp. on this ck: _____	
	New Acct Bal: _____	