

Reedy Booster Club Reimbursement Form

Sport: _____

This form must be completed, documentation attached (receipts or invoices) and signed by the authorized person for your sport.

For reimbursement, this form and receipts can be emailed OR mailed to:

Total funds requested: _____
Disburse From:
Team Fees : _____ **Meal Fees:** _____
Other: _____

reedyboosterclub@gmail.com

Subject: Reimbursement

or

Reedy Booster Club

Attention: Treasurer

PO Box 5083

Frisco, TX 75035

Name: _____

Date: _____

Address: _____

Email: _____

Phone Number: _____

Payment Instructions:

____ Notify me when available for porch pick-up.

____ Mail the payment to me at the above address.

____ Place in Coach _____'s box

____ Mail the payment to the vendor at this address:

Description of expenditure : _____

Signature of Requestor: _____

PLEASE ALLOW 7-10 BUSINESS DAYS FOR REIMBURSEMENT PROCESSING.

Date Processed: _____ Check Number: _____