

**CHS Athletic Boosters
Expense Reimbursement Form**

Attach all Receipts to this Reimbursement Request

Name _____ Phone _____

Address _____ City/Zip _____

Email _____

Expenditure was for: _____

Date	Store Name	Description	Amount
Total			
Minus Advance Received			
Reimbursement Claimed			

Approved by (<i>print</i>):		Signature:	
Budget Category:	Budget Amt.	Amount Spent:	Check No.