

# Team OTTO Booster Club Inc

## Expense Reimbursement Form

Name \_\_\_\_\_

First \_\_\_\_\_

Last \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

#	Store/Retailer	Receipt Date (mm/dd/yy)	Amount	Description
<i>Example</i>	<i>Wal-Mart</i>		<i>\$15.76</i>	<i>Paper plates, utensils, cups for team dinner</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
	<b>Total</b>			
	<b>Balance Due</b>			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Approval Signature

\_\_\_\_\_  
Date

*Receipts are required for approval of payment.*

*Please attach hard copies or email along with this completed form to fchsfrc@gmail.com.*

*Request for payment must be made within 30 days of the expense to be considered for reimbursement.*