



SPHS Tiger Booster Club Reimbursement/Expense Request

Person requesting check: _____ Date _____

Title _____ Phone Number _____

Amount of check: _____

(Required: Attach all original receipts)

Payable to: _____

Address: _____

Description of expense:

Team/Activity charged: _____

AD/Chairperson Approval _____

Directions to disperse check:

- _____ Mail check to Vendor
- _____ Mail check to person requesting check
- _____ Other, give directions _____

Office Use Only

Check # _____ Date _____