



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 _____

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Check # _____ Date _____