

AHS BOOSTER CLUB PAYMENT - REIMBURSEMENT FORM



Use this form to pay an invoice or reimburse out-of-pocket expenses. Funds will be withdrawn from your club account. Receipt &/or invoice must be attached.

Group or Club: _____

Purpose of expense: _____
Brief details. Do not write "reimbursement".

Requested by: _____ **Date:** _____

Club Advisor Signature for Authorization: _____

How would you like Booster to pay this?

- Deliver to staff mailbox at AHS
- Mail check to address below
- Other: _____

Requested Amount: \$ _____

Check Payable to: _____

Address: _____

Contact Phone: _____

Thank you for your support of Students and Staff at AHS!
www.AHSBoosterClub.com
Questions? Treasurer@ahsboosterclub.com

----- AHS Booster Treasurer/Assistant Treasurer only below this line -----

Signature: _____ Date Paid: _____ Check Number: _____

Combined Requests Amount: _____

Notes: _____ QB