

# CREEKWOOD ATHLETIC BOOSTER CLUB

## Reimbursement Request Form

DATE \_\_\_\_\_

REQUESTED BY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_

ITEMS PURCHASED \_\_\_\_\_

\_\_\_\_\_

---

### Category

### Amount

\_\_\_\_\_ Merchandise \$ \_\_\_\_\_

\_\_\_\_\_ Membership \$ \_\_\_\_\_

\_\_\_\_\_ 7th grade Awards \$ \_\_\_\_\_

\_\_\_\_\_ 8th grade Awards \$ \_\_\_\_\_

\_\_\_\_\_ Concession \$ \_\_\_\_\_

\_\_\_\_\_ 8th grade Banquet \$ \_\_\_\_\_

\_\_\_\_\_ CABC Expenses \$ \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL AMOUNT OF REQUEST** \_\_\_\_\_

(Sales tax will not be reimbursed)

---

Check # \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

Treasurer's Signature \_\_\_\_\_

President's Signature \_\_\_\_\_

**PLEASE ATTACH RECEIPTS**