



GREENWICH HIGH SCHOOL SOCCER BOYS BOOSTER EXPENSE FORM



Request made by: _____

Email: _____

Team: _____

Committee: _____

Event: _____

Request for: **Reimbursement OR Direct Payment to Vendor**
(please circle)

Amount: \$ _____

Check Payable to: _____

Mail to: _____

Your Signature: _____

Today's Date: _____

IMPORTANT NOTICE:

Please fill out completely and sign/date the form. Submit this form, attaching original bills and receipts, within 30 days of the expenditure.

Send completed forms to:

*Tammy Grimes
62 Loughlin Avenue
Cos Cob, CT 06807
Email grimesdr@hotmail.com with any questions.*