

Reedy Cheer Booster Club
Reimbursement/Debit Card Form



Date: _____ **Event:** _____

Requested Submitted by: _____
Printed Name Signature

On Behalf of:

Name/Vendor/Business	
Address	City
State, Zip	Phone

Payment Instructions:

_____ This was a debit card purchase and no need for reimbursement.
_____ Mail the payment to the vendor/business at the above address.
_____ Mail or hand deliver the payment to me at this address:

- ☐ **Yes, original receipt is attached**
- ☐ **Yes, only RCBS purchases are included (no mixed receipts)**
- ☐ **No sales tax was paid**

Item Breakdown:

Place of Purchase	Item Description	Amount \$
	Total	

SALES TAX WILL NOT BE REIMBURSED

*All expenses and forms must be submitted by the end of the cheer calendar year in order to be considered for reimbursement.

Approval:

President/Treasurer Name

Signature of Approver

Date

For Treasurer Use Only:

Date Received: _____

Check Date: _____

Debit Card Processed Date: _____

Check Number #: _____