

Bella Vista Track & Cross Country Booster Club
Reimbursement Request Form

Please complete the form and attach all receipts

Name: _____ Date of Request: _____

Date of Purchase / Receipt: _____

Reason for Purchase: _____

Purchase Board Approved? Yes No (Circle one)

Amount to be Reimbursed: _____

Comments: _____

Signature: _____

Action Taken	
Decision:	_____
Payment Information:	Check #: _____ Amount: _____ Date: _____
Comments:	_____ _____

Attach Receipts Here