



Berlin High School Athletic Boosters Expense Reimbursement Request

Name of requestor: _____

Contact Number: _____

Sport: _____

Reason for Expense: _____

Amount: _____

Signature: _____

Check Made Payable to: _____

Address to mail reimbursement to: (if on attached invoice just please note

below) _____

NOTE: Please attach receipts to this form. Payments will go out by the 15th. Treasurer

Signature: _____

Date Received: _____ Amount: _____

Date Reimbursed: _____ Check #: _____