

**DeVeau's Booster Club, Inc.
Expense Reimbursement Form**

Requestor Name _____

Date Submitted _____

| | Description of receipt paid by member e.g. A-1 Awards | Item Date | Reimbursement for: ⁻¹⁾ e.g. Girls Lvl 4 State awards | Amount |
|---|---|------------------|---|---------------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ | _____ |
| 6 | _____ | _____ | _____ | _____ |
| 7 | _____ | _____ | _____ | _____ |
| 8 | _____ | _____ | _____ | _____ |
| | (Receipts must be attached for reimbursement) | | TOTAL | \$ - |

-1) DBC policies describe costs allowed to be reimbursed from DBC funds

Submit all requests directly to the TREASURER (Treasurer Box on Top Row of Gym Mailboxes)
Note: All choreography related expenses will be directed by the Treasurer to Joan DeVeau for review and approval.

APPROVALS:

Treasurer

Check Number _____
Check Date _____