

REIMBURSEMENT REQUEST FORM

This form is used for obtaining reimbursement for purchases of pre-approved items and/or services. Please complete, save, and send with scans/photos of receipts to the Boosters treasurer at: treas.wlhsboosters@gmail.com

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Date of request | Click or tap to enter a date. |
| E-mail | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Purpose of request\* | Click or tap here to enter text. |
| *\*For banquet requests, enter total # of athletes, managers, and coaches* | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Select method of reimbursement: | Username, email or phone # for chosen method |
| [ ] Zelle | Click or tap here to enter text. |
| [ ] Venmo | Click or tap here to enter text. |
| [ ] PayPal | Click or tap here to enter text. |
| [ ] Check | (made payable and sent to name/address listed above) |

|  |  |
| --- | --- |
| Total amount requested:  |  |