

# EHS Cheer Boosters Reimbursement Request Form

Date \_\_\_\_\_

Person Submitting Request: \_\_\_\_\_

\_\_\_\_\_ Reimburse via check to: \_\_\_\_\_

\_\_\_\_\_ Apply reimbursement amount to cheerleader account: \_\_\_\_\_

Committee or Activity for which expense was incurred:

\_\_\_\_\_

Amount of Reimbursement Requested: \_\_\_\_\_

\*\*\* Please attach copy of receipt(s)/invoice(s).

Date Check Issued or credit posted to account: \_\_\_\_\_

Check Number: \_\_\_\_\_