



Walton Swim & Dive Team

Booster Club Expense Reimbursement Form

Please Print All Information
Please submit all reimbursements through your VP Chair

Date Needed: _____ Amount: _____

Check Made Payable to: _____
First Name, Last Name

Zelle email/phone (if blank, check will be issued): _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Committee/Budget Account: _____

Purpose: _____

Booster Club Position: _____

Requested by: _____
Name Signature

VP Name: _____
Name Signature

PLEASE ATTACH RECEIPTS AND/OR INVOICES TO THIS FORM! Do not exceed your approved budget. Requests for reimbursement of expenditures in excess of approved budget are subject to rejection.

Thank you,

Walton Swim and Dive Booster Club Treasurer

| FOR TREASURER'S USE ONLY | |
|---------------------------------|-----------------|
| CHECK #: _____ | DATED: _____ |
| Zelle: <input type="checkbox"/> | APPROVED: _____ |