



BECKMAN GIRLS SOCCER BOOSTERS

3588 Bryan Avenue, Irvine, CA 92602 Tel: (714) 734-2900 Fax: (714) 505-9676

Reimbursement Check Request Form

Submitted by: _____ Date: _____

Pay to: _____

Address: _____

Please attach receipts or other documentation for the items listed below. List each item separately and state the event to which the expense relates.

	EVENT/ITEM	AMOUNT (\$)	BOOSTERS USE
1			
2			
3			
4			
5			
6			
7			
8			
TOTAL			

I certify that the foregoing expenses were incurred on behalf of Beckman High School Girls' Soccer Boosters in accordance with its budget and by-laws, and with the approval of the Board of Directors. No part of the foregoing expenses have incurred to the benefit of any individual member of the Boosters, its officers or directors.

Signed _____ Dated _____

-----**For BHS Booster Use Only**-----

Check Date _____ Check # _____ Check Amount \$ _____ Initials _____