



P.O. Box 793  
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To be completed by Treasurer:

Check No. \_\_\_\_\_

Amount \_\_\_\_\_

Date Received \_\_\_\_\_

Date Paid \_\_\_\_\_

Check Cleared \_\_\_\_\_

## Request for Funds/ Reimbursement

Member Account to be debited: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

☐ Education ☐ Sports

Purpose of the Funds: \_\_\_\_\_

\_\_\_\_\_

Complete Address: \_\_\_\_\_

Requested by: \_\_\_\_\_ Telephone number: \_\_\_\_\_

\*Complete below for Reimbursement:

Date	Item Purchased	Place Purchased	Amount

Total \$ \_\_\_\_\_

Members Signature: \_\_\_\_\_

**NOTE:** Please attach all receipts listed above to the back of this form.