Dawson Aquatics Booster Club
Reimbursement Form 2018 - 2019

Payable To: _____ Date submitted: _____

Check requestor: _____ Phone: _____
(if different)

Method of Distribution: 1) Mail to vendor at address on invoice.
2) Mail to _____ at address: _____
_____

Committee Name	Item Description	Place of Purchase	Amount
		Total	

**** Attach the ORIGINAL receipt/invoice to this request.***
**** Keep a copy for your records.***

Reimbursements are usually processed within one week of submission. If you need it more quickly, please contact Lanette Earnest at 713-447-4202 or Lanette.Earnest@gmail.com.

For Treasurer Use Only	
Date Paid: _____	Notes: _____
Amount Issued: _____	_____
Check Number: _____	_____