

# Dawson Aquatics Booster Club Reimbursement Form 2019 - 2020

Payable To: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Check requestor: \_\_\_\_\_  
(if different)

Phone: \_\_\_\_\_

Method of Distribution:

1) Mail to vendor at address on invoice.

2) Mail to \_\_\_\_\_ at address: \_\_\_\_\_

Committee Name	Item Description	Place of Purchase	Amount
		<b>Total</b>	

**\* 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 Holly Tatuaca at 713-392-3898 or [hollytatuaca@gmail.com](mailto:hollytatuaca@gmail.com).

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*For Treasurer Use Only*

Date Paid:

Notes:

Amount Issued:

Check Number: