



Reimbursement Form for Athletics & Activities

Date: _____

Sport / Activity: _____

Person/Business to be Paid: _____

Address:

Total Amount: \$ _____

Items Requested (brief description): _____

Date Approved: _____

Coach/Athletic Director/Advisor Signature:

Booster Club Board Member Signatures (2 required):

**** PLEASE ATTACH ALL RECEIPTS AND INVOICES****

Scan and email to: JORDANBOOSTERS@GMAIL.COM

Questions: Visit the Jordan Booster Club website at www.jordanbooster.org