

Kamiak Athletic Booster Club

Request for Reimbursement from Team Account

Please attach receipts to this form, and place the completed form in the KABC mailbox or email to the KABC Treasurer treasurer@kamiakathleticbooster.org.

No reimbursement can be given without receipts attached.

Requested by: _____ Date: _____

Team: _____ Amount Requested: _____

Briefly describe the items or services for which you are seeking reimbursement:

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If you are a Head Coach, your check will be placed in your Kamiak mailbox. If you are not a coach, please print your full address below:

Mailing Address: _____

In case we have questions about your request, please provide your contact info: Phone:

_____ Email: _____

All reimbursement requests must be approved by the team's Head Coach: Head

Coach Signature: _____

Questions? Email KABC Treasurer at treasurer@kamiakathleticbooster.org

- FOR KABC TREASURER USE

Check Number: _____ Amount: _____ Date Check Issued: _____

Reimbursement Made To: _____

KABC Treasurer Initial: _____ Check Mailed OR Check Placed in Mailbox