

Reimbursement or Funds Request

Juanita High School Booster Club 10601 NE 132nd St Kirkland, WA 98034

INSTRUCTIONS: Please email completed form to <u>finance@juanitahsbc.com</u>. Include all receipts and invoices (scans or photos are preferred).

Today's date:	Date required:
Requested by:	Phone number:
Email:	
Team/Club:	
Purpose:	
PAYMENT INFO: check	s are typically mailed directly from the bank within
approximately five business days.	
Check payable to:	
Address:	
Payee phone number and email:	
Special instructions:	
Amount requested:	
SIGNATURE APPROVALS: By typin accurate and truthful to the best	ng your name, you confirm that all the information provided is of your knowledge.
Approved by Coach/Activity Dire	ctor:
Approved by Parent Rep:	
Athletic Director signa	ture required for reimbursements in excess of \$1,000.
Approved by Athletic Director:	