

Eaglettes Booster Club Reimbursement Request

Date: _____

Receipt included: _____

Payee: _____

Date	Location	Category	Amount

Total: _____

Categories: *(Select the check box)*

- | | | | |
|-------------|-------------------|---------------|-----------|
| Advertising | Director | Hospitality | Picnic |
| Banquet | Gifts | Mini Clinic | Publicity |
| Charity | Girls Scholarship | Mums | Revue |
| Craft Fair | Historian | Office Supply | Sofers |
| Development | Homecoming | Officers | Other |

Paid/Reimbursed with Check #: _____

Date: _____

Send your reimbursement request and receipt to your EBC Treasurer.