

**Blaine Dance Boosters Reimbursement Request**

Requestor:						
Receipt #	Date	Store/Vendor	\$ Amount \$	Committee	Event/Purpose	Itemized Purchases
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

**Note: Please complete form, attach receipts and submit to Treasurer for reimbursement**

Treasurer Record:	
Date Paid:	
Amount:	
Check #:	