



# Plano West Baseball Booster Club

## Check Request/Reimbursement Form

<i>Treasurer's Notes:</i>
Check Number: _____
Check Amount: _____
Date Paid: _____
Input in System: _____

Pay to: \_\_\_\_\_ Request Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

- |                    |       |       |
|--------------------|-------|-------|
| 1. Budget Category | _____ | _____ |
| 2. Budget Category | _____ | _____ |
| 3. Budget Category | _____ | _____ |
| 4. Budget Category | _____ | _____ |

Total Amount Requested: \_\_\_\_\_

### ***Description/Purpose of Expense (Required):***

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Requested by:*** Name & Title (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***Approved by:*** Signature of Committee Chair: \_\_\_\_\_  
 (or Executive Officer)

### **Important - Please Note:**

- Original receipt(s) must be attached for amount requested. Make a copy for your records.
- Receipt(s) should be submitted for reimbursement within 30 days.
- Sales tax will NOT be reimbursed.
- Fill out form completely for timely reimbursement.