



## Campolindo Sports Boosters Club Request For Reimbursement/Check

Date: \_\_\_\_\_

Select One:  
Mail to Vendor / Mail to:

Sport Account  
Name: \_\_\_\_\_

\_\_\_\_\_

Amount: \_\_\_\_\_

\_\_\_\_\_

Person Making  
Request: \_\_\_\_\_

\_\_\_\_\_

Check Payable  
to: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Payment for: \_\_\_\_\_

\_\_\_\_\_

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Office Use Only: Sports Boosters Board Approval

**Note: Invoice (preferred) or receipts must be attached for payment.**

Approval: \_\_\_\_\_  
Sports Booster Board