



MCLEAN HIGH SCHOOL ATHLETIC BOOSTERS ASSOCIATION
Reimbursement and Payment Request Form

Name:		Date:	
Telephone:		Email:	
Budget line. Please check one:			
Boosters General	Boys Soccer	Girls Field Hockey	Golf
Boys Baseball	Boys Tennis	Girls Lacrosse	Special Olympics
Boys Basketball	Boys Wrestling	Girls Soccer	Swim & Dive
Boys Football	Cheerleading	Girls Softball	Track - Cross Country
Boys Gymnastics	Dance	Girls Tennis	Trainers
Boys Lacrosse	Girls Basketball	Girls Volleyball	
Other (Explain):			
Amount of expenditure: _____			
Purpose: _____			

If the reimbursement is for you , the check will be delivered to your team box in the MHS Activities office, unless you provide a mailing address.			
Address: _____			
City, State & Zip Code: _____			
If the payment is to a vendor , please provide the vendor name and address:			
Name: _____			
Address: _____			
City, State & Zip Code: _____			
Activities Office Approval			
Signature: _____			
Please scan the original receipt and attach it, along with this completed form, to an email and send to mhsathletictreasurer@gmail.com OR Print this completed form and attach the original receipt. Place in the Boosters mail box in the MHS Activities Office			

If you have any questions, comments or suggestions, please leave a note in the Treasurer's folder in the Boosters mail box or contact the treasurer at: mhsathletictreasurer@gmail.com

For Treasurer Use Only			
Total Paid:		Date:	
Check Number:		Signed:	