

# ALL SAINTS ATHLETIC BOOSTERS

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## *Reimbursement Request*

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

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

Program/Sport \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Date	Items Purchased	Program/Sport	Amount
<b>Total</b>			

**Reminder:** Please attach a receipt for each reimbursement.

**Note:** Reimbursements will NOT be made for any sales tax paid.

For Treasurer's Use Only
Payee:
Check #:
Date:
Amount Due:
Amount Enclosed: