MCHS PEP SQUAD
BOOSTER CLUB

EXPENSE REIMBURSEMENT FORM

Date_____

Name_____

Address_____

_____

Is the expense related to a fundraiser?____

If yes, which fundraiser?_____

Receipt(s) attached? _____yes _____no

Amount_____

Description of expense_____

_____

_____

_____

PLEASE SEND PAYMENT REQUESTS TO: Chris Schiraldi
2705 Valley Drive, Manhattan Beach 90266
310 798 8381 chrisser456@aol.com.

For Office Use

Date Paid:_____ Check Number:_____

Check Amount:_____ Paid By:_____