

MCHS SPIRIT 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 _____

Chairperson's Signature _____

PLEASE SEND PAYMENT REQUESTS TO:

Julie Limbach Jones, 1853 6th St, Manhattan Beach, CA 90266
310-372-3889 (H) 310-413-4316 (C)

For Office Use

Date Paid: _____

Check Number: _____

Check Amount: _____

Paid By: _____