

Chilton Booster Club
Request for Reimbursement or Payment

Date: _____

Request By: _____

Pay to the Order of: _____

Charge to: _____

All Receipts MUST be attached

Date	Vendor	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total:	_____

Signed: _____

Date: _____

Reimbursed:

Date: _____

Check #: _____

Treasurer: _____

Date: _____

Charge to:	Amount
_____	_____
_____	_____
_____	_____
_____	_____