



Reimbursement of Funds Request

(Used when reimbursing personal funds)

Juanita Rebels Booster Club

9805 NE 116th ST #7352

Kirkland, WA 98034

Please attach Receipt/Invoice to back of this form at upper right corner and mail to above address or deposit in Treasurers folder in the Athletic/Attendance Office at JHS

Today's Date _____

Date Required _____

Requested by _____

Account/Sport _____

Requestor phone number or email _____

Payable to: Name _____

If being mailed: Address _____

Payee phone number or email _____

Special instructions (ie: ready for pick up or mailed out) _____

Amount Requested: \$ _____

Purpose of funds: _____

Approved by (1) _____

Approved by (2) _____

Authorized Signature of record

(1) Coach/Activity Director and

(2) Parent Rep

**NEW THIS YEAR ANY REIMBURSEMENT FOR UNIFORMS, EQUIPMENT, AND/OR TRAVEL EXPENSES IN EXCESS OF \$1,000.00 MUST ALSO HAVE THE SIGNATURE OF 3-ROB LUCKEY JHS ATHLETIC DIRECTOR.*

Approved by (3) _____ (3) JHS AD Rob Luckey

(For JRBC Treasurer's or President's use)

Voucher # _____

Date Received _____

Check # _____

Account _____

Purpose _____

Amount \$ _____

Date Check Issued _____