

**PHS VIKING BOOSTER CLUB  
REIMBURSEMENT REQUEST FORM**

Date of Request: \_\_\_\_\_

Name of Person to be Reimbursed: \_\_\_\_\_

Total Amount to be Reimbursed: \$ \_\_\_\_\_

**Reimbursement Breakdown**

Meeting Snacks: \_\_\_\_\_  
Merchandise: \_\_\_\_\_  
Concessions: \_\_\_\_\_  
Newsletter: \_\_\_\_\_  
Window Display: \_\_\_\_\_  
Membership: \_\_\_\_\_  
Misc. Stationary Supplies: \_\_\_\_\_  
Football Program: \_\_\_\_\_  
Dinner/Dance/Auction: \_\_\_\_\_

Postage: \$ \_\_\_\_\_  
Homecoming Parade: \$ \_\_\_\_\_  
Hospitality: \$ \_\_\_\_\_  
Approved Request: \$ \_\_\_\_\_  
(for: ) \_\_\_\_\_  
VBC Sponsor Event: \$ \_\_\_\_\_  
(for: ) \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
(for: ) \_\_\_\_\_

<b>BOOSTER CLUB USE ONLY</b>	
DATE PAID:	CK NO:

**ATTACH RECEIPTS BELOW:**