



**CAMPOLINDO SPORTS BOOSTERS**  
**REQUEST FOR REIMBURSEMENT / CHECK**

Date: \_\_\_\_\_

Sport Account Name: \_\_\_\_\_

Amount: \_\_\_\_\_  Mail to Vendor  Pickup in Office  Mail to:

Person Making Request: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Payment for: \_\_\_\_\_

Sports Boosters Board Approval

**Note: Invoice (preferred) or receipts must be attached for payment.**

Office Use Only:

Approval:

Principal

S/B Treasurer

Vice Principal



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