

# *Klein Baseball Booster Club*

2006-2007

## EXPENSE REIMBURSEMENT / CHECK REQUEST FORM

Expense Category	Description of Charges	Amount
<b>TOTAL</b>		

<b>Make check payable to:</b>	
<b>Name</b>	_____
<b>Address</b>	_____
<b>City, State, Zip Code</b>	_____
<b>Phone #:</b>	_____

*Chairperson Approval\** \_\_\_\_\_

REMEMBER: We are a tax-exempt organization. We do not pay sales tax.

<b>TREASURER'S USE:</b>	
CHECK #:	_____
DATE PAID:	_____
AMT. \$	_____

***Must attach receipts, order forms, invoices, etc. for reimbursement/payment.***