

# LFHS Boosters Expense Reimbursement Form

Instructions: Please complete all fields and sign the form. Attach all receipts. Please be sure purchases are tax exempt as reimbursement for taxes is not permissible.

Name: \_\_\_\_\_

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

Committee: \_\_\_\_\_

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

	Store/Vendor	Item(s)	Booster Department	Description	Amount
1					
2					
3					
4					
5					
6					
7					
9					
10					
				<b>Total</b>	<b>\$ -</b>

Signature: \_\_\_\_\_