

# REQUEST FOR PAYMENT / REIMBURSEMENT

## ALL STARS BOOSTER CLUB

Name \_\_\_\_\_

Date \_\_\_\_\_

OTHER MISC COSTS: \$ \_\_\_\_\_

DETAILED DESCRIPTION \_\_\_\_\_

\_\_\_\_\_

Purpose of the request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Requester

\_\_\_\_\_  
Date

\_\_\_\_\_  
All Stars Booster Club President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Processed By:

\_\_\_\_\_  
Date

**RECEIPTS MUST ACCOMPANY THE REQUEST FOR PAYMENT**