

Reimbursement Request

v2018.02

Arcadia PTO, Inc / Instrumental Boosters

Please print and return to the AHS Instrumental Lockbox with all receipts attached.	
YOUR NAME	DATE SUBMITTED
EMAIL	PHONE
PROJECT CATEGORY	
DESCRIPTION	
CHECK PAYABLE TO:	AMOUNT
FULL ADDRESS (your check will be mailed to you):	

Receipt(s) totaling the amount of reimbursement must be included

To Be Completed By Boosters:

<input type="checkbox"/> Included in Annual Budget	<i>Budget Code:</i>	
<input type="checkbox"/> Budget Overage Approved by Executive Board	<i>Date:</i>	
<input type="checkbox"/> Approved at Meeting	<i>Meeting Date:</i>	
Approved by (Booster Officer) - if not included in Annual Budget		DATE
Approved by (Booster Officer) - if not included in Annual Budget		DATE
CHECK NUMBER:	CHECK DATE:	