



**Naples American High School
Booster Club
Reimbursement Request**

Name: _____ Phone: _____

Event: _____ Date: _____

Instructions:

1. Please complete with as much detail as possible about the nature of expense.
2. Original receipts must accompany all expenditures.
3. The Booster Club Board of Directors must have first approved any expenditure exceeding \$100.00.

Expenditure Details:

Amount: _____

I certify this claim is true, correct, and to the best of my knowledge no credit or payment has been received by me.

Claimant Signature: _____

Approving Signature/date: _____

Approving Signature/date: _____

Treasurer Signature: _____

Check # _____ Amount _____