

# Mount Rainier High School Booster Club

## Request for Reimbursement/Check

*Check requests must include a receipt and/or invoice and 3 authorized signatures.*

Team/Club Name:		
Check Requested By:		
Check Issued To:		
Delivery Address:		
Date:	Phone:	Email:
Total Reimbursement/Check Amount: \$		
<i>Circle the Category:</i>		
Awards/Ceremonies	Camps/Tournaments	Meals/Socials
Permits/Licenses	Supplies/Merchandise	Travel
Uniforms/Letters	Miscellaneous, Explain:	
<b><i>Authorized Signatures (3 Required):</i></b>		
Signature	Date	
		Coach/Advisor
		Team Parent
		MRHS Athletic Director
		or MRHS Administrator

***Please attach invoice/receipts to this form.***

Keep a copy for your records.

22450 - 19th Avenue South, Des Moines, WA 98198 - EIN # 91-1630686