Clements Stars Booster Club, Inc

Check Reimbursement Request / Debit Card Purchase Form

Person Requesting Payment _____ Date_____

Check reimbursement/payment

Payment Made to:

OR

Debit Card Purchase:

Name of Payee: _____

Please attach all receipts or other documentation to this form.

Budget Item	Description	Amount
	Total	

Approved by Board? YES or NO

Authorized by: 1. _____ 2. _____

Please Do Not Write Below This Line

Debit Card ____ Purchase Date _____Amount _____

Check #_____ Date Issued _____Amount _____ Payable to: _____

Zelle Ref # _____ Date _____Amount _____ Payable to: _____

Signers: _____ _____

_____ _____