

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: _____

Signers: _____
