ANHS Pep Squad Booster Club

28241 Crown Valley Parkway
Suite F, P.O. Box 316
Laguna Niguel, CA 92677

Expense Reimbursement Form

Instruction:
1. Fill out form completely 2. Attach all **original** receipts 3. Make copy for self
4. Submit for approval and reimbursement *** Submit separate form for each event ***

Purpose/Event: _____

Squad: V.Cheer JV Cheer V.Song JV Song All Squads Other (circle one)

List Expenditures

Date	Name of Vendor	Descriptions of Charges	Cost
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -

Total Claimed from Above	$ -
<minus> Advance Received	$ -
Reimbursement Claimed	$ -
Not Claimed - donated to ANHS Booster Club	$ -
Grand Total Claimed	$ -

Make check payable to:
Name: _____
Address: _____
_____
Phone #: ( ) _____

Your Signature: _____ Date: _____

(I certify that all original receipts and expenses submitted were incurred for business related to ANHS Pepsquad activities)

President Approval: _____ Date: _____

Treasurer Approval: _____ Date: _____

Treasurer use only:				
Check #	Category	$$ Advanced	Expense	Amount Due

d Membership- approved activity d Funds released by membership
O Executive Board - approved expenditure