



# Request for Reimbursement

## Sports Team Account

Date: \_\_\_\_\_

Sport/Team: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Amount of Check: \$ \_\_\_\_\_ Sales tax can not be reimbursed. Please use tax exempt forms when making purchases.

Coach's Approval: \_\_\_\_\_

Date: \_\_\_\_\_

**All requests for reimbursement must have a receipt and must be submitted within 30 days of expenditure.**

Submit this completed form with receipt(s) to:  
Kenston Athletic Boosters  
c/o Kenston High School  
or email to: kenstonboosters@gmail.com

**KAB USE ONLY**

Check #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Date Issued: \_\_\_\_\_

KAB Treasurer Signature \_\_\_\_\_