



PALO ALTO HIGH SCHOOL SPORTS BOOSTERS Reimbursement Request Form

**Complete form, attach all original receipts, obtain approval if needed, and send to:
Paly Sports Boosters, 50 Embarcadero Road, Palo Alto, CA 94301.**

(Check One)

General Boosters Fund

or

Team Account

Date: _____ Team or Event: _____

Requestor: _____

Requestor Email and Phone: _____

Mailing Address : _____

Description of Expenses: _____ (include all items purchased and quantities)

Amount of reimbursement requested *:

\$ _____

Requestor's Signature

Date

Coach or Athletic Director Approval

Date

**** Note: If you would like to further support Paly Athletics, please consider making some or all of your reimbursement request a tax-deductible donation (we are a 501(c)(3) with EIN 77-0218566). Just indicate the donation information above and we will send you a donor letter for tax purposes. Thank you!***

Paly Sports Boosters Treasurer Only:

--	--	--

Treasurer Approval

Date

Check Number