

2009-2010 Clear Brook High School
SOCCER BOOSTER CLUB
Reimbursement Request

www.brooksoccer.org

Date: _____

NOTE: AS A NON-PROFIT ORGANIZATION, THE BOOSTER CLUB DOES NOT REIMBURSE SALES TAX. PLEASE OBTAIN A COPY OF THE TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION TO AVOID SALES TAX AT TIME OF PURCHASE.

To: CBHS Soccer Booster Club Treasurer

Please initiate a \$_____ reimbursement for the below listed item(s) purchased for the CBHS Soccer Booster Club. [List item(s) and describe purpose...]

Supporting this reimbursement request:

Receipt(s) attached, or

Explanation_____

I purchased the item(s) described above and the item(s) have been delivered to the Booster Club.

Signature: _____

Name (print): _____

Address: _____

Phone Number: _____

Complete form, attach receipt(s), and deliver or mail to:
CBHS Soccer Booster Club Treasurer

TREASURER'S USE: REIMBURSEMENT PAID \$_____ @CHECKS #_____ @CASH _____ DATE