



Reimbursement of Funds Request

(Used when reimbursing personal funds)

Juanita Rebels Booster Club
13501 100th Ave NE, PMB #5027
Kirkland, WA 98034

Please attach Receipt/Invoice to back of this form at upper right corner and mail to above address or deposit in Treasurer's Folders in the Athletic/Attendance Office at JHS

Today's Date _____ Date Required _____

Requested By _____ Account/Sport _____

Requestor phone number or Email _____

Payable to: Name _____

If being mailed: Address _____

Payee phone number or Email _____

Special Instructions: *(ie: ready for pick up or mailed out)*

Amount Requested \$ _____

Purpose of Funds _____

Approved by (1) _____

Approved by (2) _____

(Authorized Signature of Record, 1-Coach/Activity Director; 2-Parent Rep)

(For JRBC Treasurers or Presidents use)

Voucher # _____ **Date Received** _____

Check # _____ **Account** _____

Purpose _____ **Amount \$** _____

Date Check Issued _____

Questions? Lynn Grager - dlmjrm@comcast.net or 425-442-6452