

**AHS BOOSTER CLUB
Payment - Reimbursement Form**

**(Use this form to pay an invoice or to reimburse out-of-pocket expenses.
Monies will be withdrawn from your club account)**

AHS BC Group/Club: _____

Purpose of Withdrawal: _____

Requested Amount: \$ _____

Requested By: _____ Date: _____

Club Advisor Signature authorization to withdraw funds: _____

Make Check Payable To:

Name: _____

Address: _____

Contact Phone #: _____

REQUIRED for payment: Attach invoice or original receipts below.

(Use back side or attach additional pages if needed)

BC Treasurer Signature: _____ Date paid: _____

Check Number _____ **Notes:** _____