

**DW DANIEL ATHLETIC BOOSTER CLUB
REIMBURSEMENT/EXPENSE FORM**

(Receipts must be attached to the back of this form when submitted)

Date: _____ **Total Expense Amount:** _____

Team/Account to be paid from: _____

Paid To: _____
(Name/Company)

(Street)

(City) (State) (Zip Code)

Description of Expense:

Signature: _____
(Person Requesting Payment)

Approval: _____
(President)

(Treasurer)

Treasurer's Use Only:			
Check # _____	Debit Card _____	Date _____	QB _____