



Reimbursement Request: VSAA Arts Booster Club

Your Name	Contact Phone	Project/Activity
Activity Date / /	Date Submitted for Reimbursement / /	Amount \$
Are you a Booster Club member? Yes No	Included in Annual Budget Yes No	Approved at Meeting Date = / /
Check Payable To and Address if Mailing:	Check # Date recorded / /	*Remember to attach receipt(s)

Approved by (Booster Officer) Signature	Date / /
Approved by (Booster Officer) Signature	Date / /