

**Glenbard West Boosters Club
Expense Reimbursement Form**

Name: _____

Address: _____

Email: _____

Phone #: _____

Committee _____

Item Description (please attach all receipts)	Amount
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_____	_____
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_____	_____
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_____	_____
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Total Reimbursement	\$ _____
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Signature _____ Approver Initials _____

**Glenbard West Boosters Club
Vendor Disbursement Form**

Requestor Name: _____

Make Check Payable to (Vendor Name/Address): _____

Requestor Email: _____

Requestor Phone #: _____

Committee _____

<u>Item Description</u>	<u>Amount</u>
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_____	_____
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Total Disbursement	\$ _____
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Signature _____ Approver Initials _____

*****Please provide receipt to Treasurer when available.*****