

**CHECK REQUEST / REIMBURSEMENT FORM**

<b>Check Request</b>	
Submitted by: _____	Date: _____
Is this check request a reimbursement? <input type="checkbox"/> Yes (Please complete the reimbursement section below.) <input type="checkbox"/> No	
Make check payable to*: _____	Amount Requested: _____
Expense description: _____	
[2019 mileage rate 58¢ per mile]	
<b>Documentation verifying the expense (e.g. purchase order) must be included.</b>	

The section will be completed by ELBB accounting.		
Budget Category: _____	Approved by: _____	
Date paid: _____	Amount paid: _____	Check #: _____

<b>Reimbursement</b> ♦	
(must be submitted within 30 days of the expense)	
All reimbursable expenses must be approved in advanced. <b>If this reimbursement was not included in the budget or approved in advance by the Booster Board President or Accounting, thank you for your donation.</b> For reimbursements that were approved in advance, please provide the following information:	
Who approved this expense? _____	Date: _____
Is the reimbursement amount the amount that was approved? <input type="checkbox"/> Yes <input type="checkbox"/> No* (Please explain below.)	
*	
♦Reimbursements will be applied to outstanding fair share.	
<b>OSO/PCCPTA regulations require <u>original</u> receipts for reimbursement.</b>	
If you no longer have your original receipt, thank you for your donation.	
Are your original receipts for this reimbursement attached to this form? <input type="checkbox"/> Yes <input type="checkbox"/> No (Thank you for your donation.)	

<b>Approval for Non Budget OR Over Budget Expenses</b>	
Approved by: _____	Date: _____
Approved by: _____	Date: _____
<b>Requests over \$300 require prior approval by the Softball Booster Board.</b>	