VARSITY CLUB

Royals Varsity Club
Booster Club Reimbursement Form
Sport:_____

This form **MUST** be submitted to the designated authorized person for your sport in order to be reimbursed for any personal expenses incurred for the payment of any bill for which you've received prior authorization. Please attach all necessary documentation (receipts, invoices, etc). **Checks will be written on Thursdays Only. Absolutely no checks will be written without submitted receipts or approved invoices.**

Please mail or email completed form to :

Tina Mudd
RVC Treasurer
10113 Hawks Lake Drive
Fishers, IN 46037

Total Funds Requested
$

Name	Date
Address	
E-Mail Address	Phone #
Booster Club, Sport, Etc.	
Description of Expenditure (Event, Activity, etc)	
Payment Instructions: _____Send Check to me _____Leave Check Coaches Box _____Send Check to Vendor Info: _____ _____ _____ **Payment Due Date**_____	
Please Check One : I have attached _____Invoice _____Receipt(s) _____Contract	
Booster Club Approval _____ Date_____ Signature of Authorized Person	

Office Use only

Paid Check #	Check Date	Account