

Harrison CAT Boosters

Harrison, Ohio 45030

REIMBURSEMENT FORM/ PAYMENT REQUEST

Requestor's Name: _____

Requestor's Signature: _____

Date of Request: _____

Amount of Request: _____

Add amounts for each budget. Provide details if using "Other". Totals should equal reimbursement.

Committee	Amount	Committee	Amount
HS Drama <u>Fall</u>		HS Drama <u>Spring</u>	
Jr High Drama		Mic'd	
ICHSA		Variety Shows	
Kids Zone		Concessions	
Other		Other	

Make Check Payable to: _____

Special Instructions /
Additional Info _____

Treasurer May Need: _____

Please attach all original receipts/invoices and Give to Treasurer at Monthly Meeting.

For Treasurer's Use Only:

Amount Reimbursed: _____

Check Number: _____

Date Cashed: _____

Treasurers Notes: _____
