

Reimbursement Request Form
CYPRESS WOODS CRIMSON CADETTES BOOSTER CLUB
P. O. Box 1038
Cypress, TX 77410-1038

Please pay to: _____
Street Address: _____
City, State, Zip _____
Phone: _____
Comments: _____

<u>Expense Category</u>	<u>Description</u>	<u>Amount</u>
Team Supplies	_____	_____
Membership	_____	_____
Dance Jam	_____	_____
Summer Costs	_____	_____
Poster Ads	_____	_____
Dance Clinic	_____	_____
Team Meals	_____	_____
Fall Banquet	_____	_____
Costumes	_____	_____
Costume Main.	_____	_____
Solo/Ensemble	_____	_____
Champ. Contest	_____	_____
Competitions	_____	_____
Props	_____	_____
Show Offs	_____	_____
Spring Show	_____	_____
Cadette Ball	_____	_____
Spirit Sales	_____	_____
Miscellaneous	_____	_____
Social Board	_____	_____

TOTAL REIMBURSEMENT _____
RECEIPTS FOR ALL ITEMS MUST BE ATTACHED

Request submitted by: _____
Signature (President): _____
Date Approved: _____

For office use only:
Date Paid: _____
Check Number: _____

Please forward to Booster Club Treasurer when complete.

