

BCC Sharks Reimbursement Form

Payable to: _____
Address: _____
Check Requestor: _____
Date Submitted: _____
Activity/Event: _____

Description	Place of Purchase	Budget Category	Amount
		Total:	

(Receipts should be attached and SALES TAX will not be reimbursed)

Treasurer's Notes:	
Date Invoice Received	
Date Paid	
Check Number	
Amount of Check	

Board Approver Authorization _____
Treasurer's Signature _____