

Strongsville Athletic Boosters
Reimbursement/Payment Request Form

Your Name: _____

Date: _____ Phone Number: _____

Email: _____

Please issue a check for the following in association with Strongsville Booster Club.

Item and Description Amount

☐ Reimbursement ☐ Payment Total _____

*Please attach all supporting documentation to this form.
Strongsville Athletic Boosters does not reimburse for sales tax.

Your Signature: _____

Team: _____

Make check payable to: _____

Address: _____

☐ Mail check to above address ☐ Put in School Mailbox

Return this form to the attention of the Treasurer. Contact me at:

Dave Brian
19669 Echo Dr
shsathleticboosters@gmail.com
216-338-5394

Treasurer use only: Check # _____ Date: _____ Amount: _____