

ALL SAINTS ATHLETIC BOOSTERS

Gina Lyon, Treasurer

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Reimbursement Request

Date Submitted: _____

Make Check Payable to: _____

Program/Sport _____

Mailing Address: _____

Date	Items Purchased	Program/Sport	Amount
			Total

Reminder: Please attach a receipt for each reimbursement.

Note: Reimbursements will NOT be made for any sales tax paid.

For Treasurer's Use Only
Payee:
Check #:
Date:
Amount Due:
Amount Enclosed: