

HIGHSTEPPER PARENT CLUB

REIMBURSEMENT REQUEST / PRE PURCHASE CHECK REQUEST FORM

Check one: _____ Reimbursement Request _____ Check Request

Request made by _____ Date _____

Phone Number _____ Position _____

Amount Requested _____

Disbursement Explanation (including vendor, reason for purchase, items purchased, etc.)

**** Receipt MUST be attached. NO EXCEPTIONS!!!****

To be completed by Treasurer: Check # _____ Date: _____

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