



EXPENSE REIMBURSEMENT REQUEST FORM

Panther Booster Club  
PO Box 2404  
Wenatchee, WA 98801-2494

[wenatcheepanthertreasurer@gmail.com](mailto:wenatcheepanthertreasurer@gmail.com)

Please submit original itemized receipts for purchases related to athletics with this form.

Date of Purchase	Sport	Vendor	Explanation of Purchased Items	Amount

Total Reimbursement: \$ \_\_\_\_\_

Recipient Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

Athletic Director approval: \_\_\_\_\_ Date: \_\_\_\_\_

Operating       Management      Sport Team: \_\_\_\_\_

Check #: \_\_\_\_\_      Check Date: \_\_\_\_\_      Check Amount: \_\_\_\_\_