



REIMBURSEMENT REQUEST FORM

Complete form, attach all original receipts, obtain approval if needed, and send to:
Gunn Sports Boosters, 780 Arastradero Road, Palo Alto, CA 94306, or treasurer@gunnsportsboosters.org

EVENT INFORMATION

Choose One General Boosters Fund or Team Account

Team or Event _____ Date _____

REQUESTOR INFORMATION

Name _____ Mailing Address _____
Email _____ City _____
Phone _____ State _____ ZIP _____

DESCRIPTION OF EXPENSES Include all items and quantities

Amount of Reimbursement Requested *

\$

Requestor Signature _____ Date _____ Coach/Athletic Director Signature _____ Date _____

* Note: If you would like to further support Gunn Athletics, please consider making some or all of your reimbursement request a tax-deductible donation (we are a 501(c)(3) with EIN 94-3207060). Just indicate the donation information above and we will send you a donor letter for tax purposes. Thank you!

GUNN SPORTS BOOSTERS TREASURER ONLY

Treasurer Approval _____ Date _____ Check No. _____