



Date: _____
Check # _____

University Pep Squad Reimbursement Form

The following items have been purchased for the benefit and/or use of the University High School Pep Squad Booster Club.

Date: _____

Name: _____ Email: _____

Make Checks Payable to:

Name: _____

Address: _____

Phone: _____ Email: _____

Please itemize the bill and attach all original receipts to this form.
All forms must have one of the Co-President's signatures approving the expenditure.

Event/Budget Category	Description	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total:	\$
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Approved by: _____ Date: _____

Mail Completed Forms to:

Sue Caldeira
17 Cedar Ridge
Irvine, CA 92603