



## BBH Robotics Boosters Check / Reimbursement Request Form

<b>Date:</b>	
<b>Submitted by:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	

Request Details	
<b>Check Payable to (Payee):</b>	
<b>In the Amount of:</b>	
<b>Committee / Account:</b>	
<b>Description of Expense:</b>	

Attached Invoice / Receipt Details	
Vendor / Business	Amount
<b>TOTAL:</b>	
	\$

**Approval by Committee Chair:** \_\_\_\_\_

**Robotics Boosters President's Approval:** \_\_\_\_\_

**Approval by Robotics Boosters VP or Secretary:** \_\_\_\_\_

- **Two different approvals required;** cannot be approved by the payee of the check
- **Check Request Form must be fully completed and Original Receipts attached to the request.**  
Please have your Committee Chair approve your purchases prior to submitting this request.
- Stay within your budget. Anything over budget limit **MUST** be approved **BEFORE** spending.
- Submit all purchases - if you choose to make your purchases a donation, please submit a \$0 check request so BBHHS Robotics Boosters had accurate accounting of our expenses and help with budgeting.

Check Requests are used to recoup money spent on behalf of BBHHS Robotics Boosters and to verify expenditures at the year-end audit. Please be as accurate and detailed as possible when completing every line on this form.

Treasurer Use: Date Received: \_\_\_\_\_

Ck# \_\_\_\_\_ Date: \_\_\_\_\_