

Rodriguez Athletic Boosters

General Reimbursement Request Form

Requestor Information	
Name:	Phone:
Address:	
City/State/Zip:	

Team/Program Information	
Sport/ Team :	
Reimbursement Funds Requested from: General Funds Restricted Funds	

****Please attach receipts for related expenses****

Date	Description of Expense	Amount
	Total:	

Mail or email completed form:

Email: treasurer@rhsboosters.org

Address: RAB- 5000 Red Top Road, Fairfield, CA 94534

For Internal Use Only:

Treasurer Signature: _____ Date: _____

Authorized by RAB Board Member: _____ Date: _____

Check # _____

