PANTHERS BOOSTER CLUB OF BURLINGAME HIGH SCHOOL

REIMBURSEMENT REQUEST FORM

Please print and complete this form. **Attach original receipt(s)** and mail to:

BHS ATHLETIC BOOSTERS
ATTN: Treasurer
Burlingame High School
1 Mangini Way
Burlingame, CA 94010

Name: _____ Date: _____

Email Address: _____ Telephone No.: _____

Team/Sport	Expense(s)	Amount
	TOTAL EXPENSES:	$

Check payable to: _____

Address.: _____

_____

ATHLETIC DIRECTOR'S APPROVAL: _____ Date: _____

For BHS Athletic Boosters Use Only

Treasurer Approval: _____ Check No. _____ Date: _____

BHS ATHLETIC BOOSTERS
Burlingame High School
1 Mangini Way
Burlingame, CA 94010

TAX ID No. 94-297-7389