

HHS Boosters

Expense Reimbursement Form

In order to be reimbursed for expenses you incurred on behalf of the HHS Boosters, please complete the items below, including the signature line.

Reimbursement Amount 1301.00

Please describe the purpose of the expenses you incurred on behalf of the HHS Boosters (for example, food for concession stand, supplies for fundraiser, etc.):

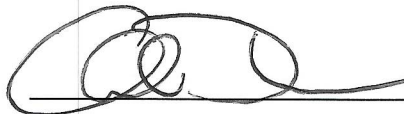
Food /
Drinks

Please attach receipt and/support for the reimbursement being requested.

By signing below, I attest that the expense I am submitting for reimbursement is directly related to the HHS Boosters.

Chad Delves

Print Name



Signature

8/30/24

Date