

**1207**

**Kings Circle**

**Mechanicsburg, PA 17050**

**Request for Reimbursement**

Date:  
Date Received:

Vendor Name:

Date of Purchase:

Invoice Number: Voucher Number:

Total Amount:

Amount of Reimbursement Request:

Receipt or Invoice **MUST BE ATTACHED**\_\_\_Yes\_\_\_No **Budgeted**\_\_\_\_Yes\_\_\_\_No

Received by:

Verified by:

Approved by:

Amount Issued:

Date: Check: Delivery Method:

**\*\*Requests must be submitted within 30 days. Per Article XIII, Section 4(a) and (b) of the CVSDBC Bylaws, only those expenses expressly authorized by the Executive Committee will be reimbursed.**

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G. Michael Gobrecht 2019-2020 Elizabeth Bolden

Head Swimming and Diving Coach President Booster Club

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