

Payment and Reimbursement Request Form

Falcon Athletic Boosters Club Inc.
 PO Box 1341 Severna Park, MD 21146
www.spboosters.org

Use this form to request up to three separate payments. Complete and forward, Attn: Treasurer;

✓ MAIL: to FABC PO Box address ✓ PLACE: in Boosters Box at SPHS ✓ EMAIL completed and saved form to: jhenstrand@mtb.com

Forward associated invoice(s) & receipt(s) noting team/project to Boosters PO Box or place in Boosters Box at SPHS (Attn: Treasurer) to insure prompt payment
 Payments/reimbursements will be mailed or available for pick-up at the Boosters SPHS Box within 3 business days of form receipt.

Date			
Requestor Name, Email & Phone			
Team or Project/Event			
	Payment #1	Payment #2	Payment #3
Brief Expense Description			
Expense Amount			
Mail Payment to Vendor: Provide complete address			
Mail Reimbursement: Provide complete address			
Check Here To Pick Up At SPHS Boosters Box			
FOR BOOSTERS USE	DATE PAID CHECK # INVOICE(S) RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO RECEIPT(S) RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE PAID CHECK # INVOICE(S) RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO RECEIPT(S) RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE PAID CHECK # INVOICE(S) RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO RECEIPT(S) RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO