

**EXPENSE REIMBURSEMENT REQUEST
GHS PEP BOOSTERS**

NAME _____ DATE _____

Authorized by: _____

Make check payable to:

Budget line to be taken from:

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL \$ _____

Itemization of goods or services purchased:

PLEASE ATTACH RECEIPTS

Signature _____

Date Received: _____ **Date Paid:** _____ **Check#** _____

Check Logged: _____

Check Cleared On: _____