



Union Mine Boosters Club

Payment and Reimbursement Request Form

6530 Koki Ln., El Dorado, CA 95623, www.umboosters.com

Reimbursement Form

Use this form to request reimbursement. To insure prompt payment, include associated invoice(s) & receipt(s). All payment and reimbursements will be mailed within 5 business days of completed form submission.

Send completed for to UM Boosters Treasurer:

Deliver: UM Boosters Mailbox **Postal Mail:** Union Mine Boosters
6530 Koki Ln. **Email:** info@umboosters.com
El Dorado, CA 95623 **Phone:** 530-344-3958

Date	Sports Team
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Requester's Name	Phone	Email
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Description of Expense	Expense Amount \$
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Make Check Payable To	Mailing Address
<input type="checkbox"/> Vendor <input type="checkbox"/> Other	

Head Coach Approval (*Signature Required*)

Date

Athletic Director Approval (*Signature Required for any amount over \$500*)

Date

UM Boosters President or Vice President Approval (*Signature Required*)

Date

UM Boosters Administrative Use Only		
Date Paid	Check #	Type of Backup Received for Payment (Receipts, Invoice or P.O.):
Notes		