



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.
El Dorado, CA 95623

Email: info@umboosters.com

Phone: 530-344-3958

Date	Sports Team
------	-------------

Requester's Name	Phone	Email
------------------	-------	-------

Description of Expense	Expense Amount \$
------------------------	----------------------

Make Check Payable To <input type="checkbox"/> Vendor <input type="checkbox"/> Other	Mailing Address
--	-----------------

Head Coach Approval (*Signature Required*)

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