

# SMOY BOOSTER EXPENSE REIMBURSEMENT REQUEST

Program/Sport: \_\_\_\_\_

Name: \_\_\_\_\_

Amount: \_\_\_\_\_

Reason for  
Reimbursement: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Mail: Address: \_\_\_\_\_

\_\_\_\_\_

Please attach all receipts and forward to me via email at  
boostertreasurer@smoy.org or backpack via Lucas Reder / Mrs Larson.  
Please allow 7-10 days for a reimbursement check to be processed.  
Thank you! (Please note checks can NOT be backpacked home)

Lara Reder 9699 Davis Rd, Loveland, OH

Chart of Accounts: \_\_\_\_\_

Approved: \_\_\_\_\_

**For Office Use Only**