

**Solon Athletic Boosters
Request for Reimbursement**

Date Submitted: _____

Committee: _____

Requested By Name: _____

Address: _____

Phone: _____

Check Payable to: _____

Description of Purchase: _____

Total Amount Request: \$_____ (sales tax cannot be reimbursed)

Please use tax-exempt form when making purchases. As a nonprofit organization, we are exempt from sales tax and for this reason are not able to reimburse sales tax. Sam's Club does not accept tax-exempt forms.

All requests for reimbursement must have a receipt and must be submitted before June 30th, 2017. Also, please submit your receipts promptly and within 60 days of expenditure. Submit the completed form with receipt(s) attached to:

Kevin Weaver
34426 Southside Park Dr
Solon, Ohio 44139
Phone 216-849-1636 or e-mail kevin_weaver@sbcglobal.net

To be completed by Treasurer

Check # _____

Date Issued _____

Amount \$ _____