



MHS Touchdown Club Reimbursement Request Form

PLEASE PRINT LEGIBLY !!!

Please turn in this completed form (with receipts attached) to the MHS Touchdown Club president or treasurer as soon as possible. Please keep a copy for your records.

Your name _____ Date _____

Phone # _____ E-Mail Address _____

Total amount to be reimbursed (attach receipts): _____

Reimbursement is for what MHS Touchdown Club event? _____

Description of expenses (please itemize as much as possible):

If you need funds prior to purchase, please explain why and when funds are needed:

This expense was approved in advance by _____
(MHS Touchdown Club President, Vice President or Treasurer)

Your signature (required for all requests) _____

FOR MHS TOUCHDOWN CLUB USE ONLY

Check # _____ Check Date _____ Check Amount _____

Treasurer signature _____