Albany Athletics Boosters

REIMBURSEMENT/CHECK REQUEST

Date: ______________________________

Requested by (Name): _______________________________________________________

Contact info (phone or email): _______________________________________________

Make Check Payable to: _______________________________________________________

Address: ___________________________________________________________________

Check is to be Mailed: __________ Check is to be Given to Coach/Mailbox: _________

Description of Purchase/Reimbursement: _______________________________________
_____________________________________________________________________________

Account to be Debited: AMS: ______________________

AHS: ______________________

Amount Requested: ______________________________

Athletic Director Approval (Signature Required): _________________________________

Please follow the Reimbursement/Check Request procedures below.

1. All Reimbursements/Check Requests need to be approved by the Athletic Director.
2. Fill out Reimbursement/Check Request Form AND attach invoice/receipts.
   (Requests CANNOT be processed without proper documentation (Receipts/Invoices)
3. Drop off Reimbursement/Check Requests in Athletic Office for AD’s approval.

Reimbursements/Check Requests are picked up on the 1st and 15th of each month and
processed within 5 days.

Please contact Astrid Juengling at ajuengling@ausdk12.org or Zeke Lopez at elopez@ausdk12.org
with questions.