



# 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](mailto:ajuengling@ausdk12.org) or Zeke Lopez at [elopez@ausdk12.org](mailto:elopez@ausdk12.org) with questions.