



Reimbursement Request Form

Date: _____

Check#: _____

Amount Requested: _____

Requested By: _____

Payable To: _____

Description: _____

Pick-up _____ Mail _____ Address to Mail To: _____

SCHS Cardinal Club Approval (2 signatures required) Signature: _____

Print Name: _____

Signature: _____

Print Name: _____

Please attach a copy of invoices and/or receipts related to this expenditure.

SCHS Cardinal Club Athletic Boosters
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