WALTON CHEERLEADING BOOSTER CLUB (WCBC)
REIMBURSEMENT REQUEST

NAME:_____

DATE OF REQUEST:_____PHONE #:_____

ADDRESS/ZIP: _____

EMAIL:_____

TOTAL AMOUNT REQUESTED:_____

CATEGORY: (Please check one)

_____Summer Stunt Camp (circle one)	JV Spirit	JV Comp
_____Meals: (circle one)	Varsity Spirit	Varsity Comp
_____Senior Recognition	GameDay	
_____Homecoming		
_____Winterfest		
_____Raider Cheer Classic		
_____Camp Walton		
_____Administrative/Business		
_____Banquet		

Provide Additional Details/Explanation (if needed): _____

Submit to the WCBC Treasurer for Approval

Email scanned request and receipts to Megan Matthews at mkg1213@yahoo.com.
All receipts/reimbursement requests must be submitted within 30 days of purchase.