



**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      Varsity Spirit      Varsity Comp

\_\_\_ Meals: (circle one)      JV      Varsity Spirit      Varsity Comp

\_\_\_ Senior Recognition

\_\_\_ Homecoming

\_\_\_ Winterfest

\_\_\_ Raider Cheer Classic

\_\_\_ Camp Walton

\_\_\_ Administrative/Business

\_\_\_ Banquet

Provide Additional Details/Explanation (if needed): \_\_\_\_\_

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Submit to the WCBC Treasurer for Approval

Email scanned request and receipts to **kimberlymiller@yahoo.com**

All receipts/reimbursement requests must be submitted within 30 days of purchase.

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**Admin. use:**    **Approved:**                      **Not Approved:**                      **Date Paid:**                      **Check #**

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