HORACE GREELEY HIGH SCHOOL SPORTS BOOSTERS
EXPENSE REIMBURSEMENT FORM

Submit to :
Cindy Greenstein
P.O. Box 669
Chappaqua, NY 10514

Date _____

NAME OF COMMITTEE: _____

ITEM(S) PURCHASED AMOUNT

All receipts must be attached.

Please make check payable to: _____Committee Member
_____ Vendor

Address to send Check:
Name : _____
Address: _____

Signature of person submitting form:_____

Treasurer

Check #:

Issued to:

Amount:

Date: