

**Twistars Boosters**  
**Invitational Expense Payment Request**

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

Request for <b>Personal</b> Reimbursement	Request for Direct <b>Vendor/Supplier</b> Payment
Make check payable to:	Make check payable to:
Leave check in my Twistars Mailbox:      Yes   No	Mail check to:
Mail check to:	
	This payment is a (circle one): Deposit   Advance   Pmt in Full

Committee: \_\_\_\_\_ Budget Category: \_\_\_\_\_ (see list below)

**Expense Details**

**Please Note: Receipt / Invoice must be attached to this report for payment to be issued.**

Vendor: \_\_\_\_\_ \$ \_\_\_\_\_

Explanation/Description of Expense: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Deposit Paid: \$ \_\_\_\_\_

<b>Budget Categories:</b>		Other: _____	
Administrative	Equip Rental-Misc	Gymnast Party	Publicity
Awards	Equip Rental-Score Systems	Gymnastics Equip Rental	Raffle
Brochures	Equip Rental-Sound System	Info Table	Referral Fees/Boys Gym Rental
Check-in	Follow up/Mailings	Judges Accomodations	Sign Art
Coaches Party	Furit Baskets - Coaches	Judges Mileage/Pay	Sponsorship Banners
Coaches Table	Gifts - Coaches Party	Judges Room	Summit Bldg Rental
Decorations	Gifts - Gymnast Party	March-in	Trainers
Equip Rental-Bleachers	Gifts - Gymnasts	Prize Money	T-Shirts (Workers)
Equip Rental-Curtains	Gifts - Judges	Program Book	USAG Competitive Fees

**Signatures**

Your Signature: \_\_\_\_\_

Committee Chairperson Signature: \_\_\_\_\_

**All expenses must be approved by Committee Chairperson prior to submitting for reimbursement.**  
**Original Receipts must be attached.**

**Treasurer Use Only**

Date Received by Treasurer: \_\_\_\_\_ Due Date: \_\_\_\_\_

Approved for payment: \_\_\_\_\_ Check#: \_\_\_\_\_ Check Date: \_\_\_\_\_