

Twistars Boosters
State/Regional Expense Payment Request

Your Name: _____

Date: _____

Request for Personal Reimbursement	Request for Direct Vendor/Supplier 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	

(see list below)

Committee: _____

Budget Category: _____

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: \$ _____

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