

# East Ridge Cross Country Boosters Reimbursement Request

Name \_\_\_\_\_

Address: \_\_\_\_\_

Purpose \_\_\_\_\_ Date \_\_\_\_\_

Date	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total to be Reimbursed \_\_\_\_\_

**Please fill out form and attach receipts**

Submit to:  
Debbie Schiferl  
10449 Dorset Lane  
Woodbury MN 55129

Office Use:  
Date Paid  
Check #