

ST. AMBROSE ATHLETIC BOOSTERS CLUB

Reimbursement Form

Name: _____ Date Submitted: _____

Address: _____
*** (street, city and zip code)

Email: _____ Evening Phone: _____

Sport Program/Event: _____

Check Payable to (please print): _____

Date	Item	Purpose	Amount
		Total	

*Please attach **original** receipts.*

Tax ID #34-1267597

Submit to: Carol Lepi, Treasurer

3339 Tyler Drive, Brunswick, Ohio 44212 or drop in gold slot
on barn on St. Ambrose property or scan to:
athleticboostersambrose@gmail.com

Office Use Only: Treasurer's Approval _____ Check # _____ Date Mailed: _____