

ST. GERTRUDE ATHLETIC BOOSTERS

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(I prefer a scanned copy of receipt and this form emailed -things tend to get lost in backpacks!!!)

Reimbursement Request

Date Submitted: _____ Make Check Payable To: _____

Program/Sport: _____ Send Via (circle one): **SCHOOL** **MAIL**

Child's Name/Classroom: _____

Mailing Address: _____

DATE	ITEMS PURCHASED	PROGRAM / SPORT	AMOUNT

REMINDER: Please attach a copy of the receipt for each item

TOTAL

NOTE: Reimbursement will not be made for any sales tax paid:

FOR TREASURER'S USE ONLY	
<i>Payee:</i>	
<i>Check #</i>	
<i>Date:</i>	
Amount Due:	\$ -
Amount Enclosed:	\$ -