**2021-2022 TROBEL**

**Reimbursement Request Form**

**Reminders:**

* Please submit this form within TWO WEEKS of the purchase.
* Include ***original & itemized*** receipts, photo copies are not accepted by the bookkeeper.
* No purchases should be made without prior approval.
* Please communicate directly with Kayla Orton, Belles Director for all TROBEL purchases: [kayla.orton@austinisd.org](mailto:kayla.orton@austinisd.org).
  + Please communicate directly with Eric Cohan, Booster Club Treasurer, for all BOOSTER CLUB purchases: ericcohan@gmail.com
* Sales tax is not reimbursable. Please print a copy of the Sales Tax Exemption Certificate and use it when you make purchase on behalf of our organization

**Purchase Information**

Date of purchase: \_\_\_\_\_\_\_\_\_\_ Total amount to be reimbursed (no sales tax): \_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Purchase: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location(s) of purchase: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reimbursement Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (including zip code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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