

**SPORTS/CLUBS**  
**Dana Hills High School Foundation**  
**REQUEST FOR REIMBURSEMENT**

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Date of Request: \_\_\_\_\_ Sport/Activity: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Pay to the Order of : \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Is this a budgeted item:    YES    NO

Reason for Request: \_\_\_\_\_

Team/Club Treasurer/Coach Approval (Print Name): \_\_\_\_\_

Team/Club Treasurer/Coach Signature Approval: \_\_\_\_\_

**INSTRUCTIONS: ATTACH ALL ORIGINAL INVOICES/ITEMIZED RECEIPTS TO THIS FORM**

- Include copies of cashed checks/paid cash receipts/credit card transaction details if payment made by that method. Keep copies of all your original receipts for your own records.
- Fill out form completely, and submit to Athletic (Sports)/Activity (Clubs) Director for final approval, who will send it to the Bookkeeper for processing.
- Request for Reimbursement Forms located at [DHHSFoundation.org](http://DHHSFoundation.org)
- Reimbursements are processed at least twice monthly

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Athletic Director Approval and Signature **Required (Sports):**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR** Activities Director Approval and Signature **Required (Clubs):**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_ Check Date: \_\_\_\_\_

*SUPPORT DANA HILLS HIGH SCHOOL BY SIGNING UP FOR **RALPH'S COMMUNITY PROGRAM** (renew each September – USE ID # **81536**) AND **AMAZON SMILE** (SELECT DOLPHIN FOUNDATION INC.-Group ID **6649671**) and go to AmazonSmile website for future purchases. Every time you shop here, we raise funds for Dana Hills High School. Visit [www.dhhsfoundation.org](http://www.dhhsfoundation.org) SUPPORT US tab for details.*

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