

Dublin Robotics Boosters Reimbursement Form

Please specify Dublin Robotics FRC_____ FTC_____ FLL_____

Date Submitted _____

Pay to the Order of _____

Mailing Address _____

Phone Number _____

Purpose/Activity _____

**Please staple receipts to this form and mail to:
Raj Govindaraj, Treasurer, Dublin Robotics Boosters
POBox 2059 (D), Dublin, OH 43017**

Itemized Expenses

Purchase Date	Description	Amount \$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total:\$ _____

Pre-Approval

Expenses over \$100.00 require a signature from an Executive Committee Member:

Pre-Approval signature: _____

Title: _____

(For Official Use Only. Please do not write below this line.)

Treasurer: _____

Date:_____ Check number:_____ Amount:_____

Online Payment_____ Mailed_____ Hand Delivered_____

Category: _____