SBHealthFitness(turquoise)

SBHFTA REIMBURSEMENT FORM

PAYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYEE SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYEE PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF EXPENSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REIMBURSEMENT AMOUNT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Send Reimbursement form to SBHFTA Treasurer, West Support Center, through inter-

campus mail or snail mail at 2100 Shadowdale Dr., Houston, 77043.

\*Please use the District Tax ID number. SBHFTA will not reimburse you for tax.

\*Please submit ORIGINAL ITEMIZED RECEIPTS (required by auditors) and keep a

copy for your records.

\*When sending checks please take staples out if applicable.

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***For SBHFTA use:***

BUDGET NUMBER: