

Dublin Robotics Boosters Reimbursement Form

Please specify Dublin Robotics _____ FIRST Lego League _____
 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
 5786 Oldenburgh Way, Dublin, Ohio 43016**

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: _____