

Reimbursement Request
QB Club- MVHS FOOTBALL

Send this form along with receipts to:

Mimi Klein
info@mountainvistafootball.com

Date: Amount to be paid \$ _____

Payee Name: _____

Email: _____

Phone: _____

Address: _____

Social Security #

(Only necessary for services of any amount, for 1099 at end of the year)

Circle One: INCOME EXPENSE CORRECTION

Total \$ _____

Receipts, Invoice, or written approval for purchase from QB officer attached? Y N

Description of purchase: _____

Was tax ID number used? Y N

(QB Club will not reimburse for tax. All purchases should use our tax-exempt ID number)

Notes:

(QB Club funds are run through Douglas County Education Fund, (DCEF). Reimbursement Requests are turned into DCEF every Thursday and checks are cut the following Tuesday.