



Jaguar Spirit, Inc.
 Flower Mound High School
 Cheerleader Booster Club
 P.O. Box 270706
 Flower Mound, Texas 75027

Expense Form

Date: _____

Circle One: Check
 (for treasurer to fill) # _____

Debit Card (Booster Card Holder only)
 Holder: _____

Name of Person Requesting Reimbursement: _____

Payment for: _____

Receipts:

- * No Sales Tax will be reimbursed. Please utilize sales tax exempt form.
- * Original Sales Receipts must be attached
- * All signatures must be obtained before turning in.

Vendor (place purchased)	Expense Line / Description: Example: Auction Expense, Team-JV, or Supplies	Amount

Total:

Chairman's Authorization: _____

President's Signature: _____

Treasurer's Signature: _____

Treasurer's Notes:

Committee: