

EXPENSE REIMBURSEMENT REQUEST FORM
Citrus Circuits

Requestor name (as it should appear on the check): _____

Mailing address: _____

Phone number: _____

(If parent) Name of student: _____

Date: ____ / ____ / ____

Date received by bookkeeper

Event/Competition (if applicable): _____

Please enter breakdown of expense amount in each category:

CATEGORY	AMOUNT	CATEGORY	AMOUNT
Competition Food/Lodging	\$	Hardware Electrical Subteam	\$
Competition Transportation/Fees	\$	Hardware Mechanical Subteam	\$
DYR	\$	Software Robot Subteam	\$
RoboCamps	\$	Software Scouting Subteam	\$
Shop Equipment & Facilities	\$	Business and Media Subteam	\$
Team Apparel	\$	Game & Field Elements	\$
Team Events/Meals	\$	Large Capital Expenses	\$
Outreach: _____	\$	Other: _____	\$
TOTAL			\$

APPROVED BY:

Brook Ostrom, Lead Mentor, Citrus Circuits

Initials: _____

Bookkeeper, Citrus Circuits

Initials: _____

DRF REIMBURSEMENT CHECK REQUEST

Organization requesting reimbursement: Citrus Circuits

Make check out to: _____

Reimbursement Amount: _____

APPROVED BY:

Steve Harvey, Lead Mentor, Citrus Circuits

Signature: _____

Bookkeeper, Citrus Circuits

Signature: _____

For Davis Robotics Foundation Treasurer's use

Signature: _____

Check #: _____

Date paid: _____