

EXPENSE REIMBURSEMENT REQUEST FORMCitrus Circuits

Mailing address:				
Phone number:				
(If parent) Name of student:				
Date:/	Detec	5		
		Date re	secived by bookkeeper	
Event/Competition (if applicable)) :			
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Please enter breakdown of expens	se amount in each	category:		
CATEGORY	AMOUNT	CATEGORY	AMOUNT	
Competition Food/Lodging	\$	Hardware Electrical Subteam	\$	
Competition Travel Expense	\$	Hardware Mechanical Subteam	\$	
Competition Fees	\$	Software Robot Subteam	\$	
Miscellaneous	\$	Software Scouting Subteam	\$	
Mentor Stipends	\$	Business and Media Subteam	\$	
Outreach	\$	Game/Field Elements	\$	
Team Party/Food	\$	Large Capital Expenses	\$	
Team Apparel	\$	Other:	\$	
		TOTAL	\$	
APPROVED BY:				
Brook Ostrom, Lead Mentor, Cita	rus Circuits	Bookkeeper, Citrus Circuits		
Initials:		Initials:		
DRF R	REIMBURSEME	ENT CHECK REQUEST		
Organization requesting reimburs	sement: <u>Citrus Ci</u>	reuits		
Make check out to:		Reimbursement Amount:		
ADDDOVED DV.				
APPROVED BY: Steve Harvey, Lead Mentor, Citrus Circuits		Bookkeeper, Citrus Circuits		
Signature:		Signature:		
515nature		Digitature.		
	For Davis Robotics Fo	oundation Treasurer's use		
a:				
Signature:	Check #:	Date paid: _	Date paid:	