



GROSSE POINTE SOUTH CHOIR BOOSTERS
REIMBURSEMENT REQUEST FORM

DATE: _____

PAY TO: _____

REQUESTED BY: _____

AMOUNT (ATTACH RECEIPTS): _____

FOR: _____

(IF FOR PROFESSIONAL SERVICES INCLUDE SOCIAL SECURITY OR TAX ID)

DATE: _____ CHECK # _____

APPROVED BY: (TREASURER/PRESIDENT) _____

**REQUESTS GREATER THAN \$200 MUST BE PRE-APPROVED BY THE
PRESIDENT**

SUBMIT TO: VICTOR MARALDO, 873 BEDFORD, GPP MI 48230;
CELL: 313.318.2870