

Hawks Prairie Pickleball Club Reimbursement/Purchase Request

Pre-approval required by HPPC Board member

Approver's name, title, date: _____

Not-to-exceed amount: _____

Purchaser: Complete and resubmit this form with receipts as soon as possible after purchase.

Purpose of expense: _____

Requestor's Name and phone: _____

Payable to: _____

Amount to be paid: _____

Purchase details: (or attach itemized list of expenditures with receipts to this form)

Date	Vendor	Description	Amount

Total: \$ _____

HPPC Treasurer to complete:

Comments on check: _____

Date of reimbursement check: _____

Check number: _____