

REIMBURSEMENT/PAYMENT REQUEST

Booster Check #:	
Date Payment Made:	To be completed by Payments Treasurer

TEAM/CLUB INFORMATION

TEAM/CLUB: _____ COACH/ADVISOR: _____

TEAM/CLUB COORDINATOR: _____ PHONE NUMBER: (____) _____ - _____

EMAIL ADDRESS: _____

DESCRIPTION

IS THIS A

- REIMBURSEMENT
 PAYMENT

- REGISTRATION
 OTHER

REIMBURSEMENT OR PAYMENT DESCRIPTION

AMOUNT BEING REQUESTED: \$ _____

PLEASE DESCRIBE WHY YOU ARE SEEKING REIMBURSEMENT OR PAYMENT IS NEEDED: _____

EVENT/FUNDRAISER INFORMATION

EVENT TITLE: _____ APPROVAL DATE: _____

PAYMENT DETAILS

NAME OF PERSON OR ORGANIZATION _____
CHECK WILL BE MADE OUT TO THIS PERSON/ENTITY

ADDRESS: _____
THIS IS WHERE THE CHECK WILL BE SENT

CITY: _____ STATE: _____ ZIP: _____

APPROVALS

REQUESTOR: _____ DATE: _____

TEAM/CLUB COORDINATOR: _____ DATE: _____
***MUST** BE SOMEONE OTHER THAN THE REQUESTOR*