

REIMBURSEMENT/PAYMENT REQUEST

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

TEAM/CLUB INFORMATION

TEAM/CLUB: Team COACH/ADVISOR: Name
TEAM/CLUB COORDINATOR: Name PHONE NUMBER: (XXX) XXX - XXXX
EMAIL ADDRESS: email address

DESCRIPTION

IS THIS A ^(move box if necessary) REIMBURSEMENT REGISTRATION
 PAYMENT OTHER

REIMBURSEMENT OR PAYMENT DESCRIPTION

AMOUNT BEING REQUESTED: \$ Amount

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

Description

EVENT/FUNDRAISER INFORMATION

EVENT TITLE: Event APPROVAL DATE: Date (if applicable)

PAYMENT DETAILS

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

ADDRESS: Street address
THIS IS WHERE THE CHECK WILL BE SENT

CITY: City STATE: ST ZIP: ZIP

APPROVALS

REQUESTOR: Name DATE: Date

TEAM/CLUB COORDINATOR: Name of person authorizing approval to write check DATE: Date
MUST BE SOMEONE OTHER THAN THE REQUESTOR

INVOICES, RECEIPTS, ETC MUST BE ATTACHED TO THIS FORM IN ORDER TO PROCESS A PAYMENT/REIMBURSEMENT