



Booster Check Request/Reimbursement Form

Total: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Payee Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Select Account

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Boosters Allocation | <input type="checkbox"/> Lacrosse - Boys  | <input type="checkbox"/> Tennis - Boys      |
| <input type="checkbox"/> Baseball            | <input type="checkbox"/> Lacrosse - Girls | <input type="checkbox"/> Tennis - Girls     |
| <input type="checkbox"/> Basketball - Boys   | <input type="checkbox"/> Soccer - Boys    | <input type="checkbox"/> Track and Field    |
| <input type="checkbox"/> Basketball - Girls  | <input type="checkbox"/> Soccer - Girls   | <input type="checkbox"/> Volleyball - Boys  |
| <input type="checkbox"/> Cross Country       | <input type="checkbox"/> Softball         | <input type="checkbox"/> Volleyball - Girls |
| <input type="checkbox"/> Football            | <input type="checkbox"/> Spirit Leaders   | <input type="checkbox"/> Waterpolo - Boys   |
| <input type="checkbox"/> Golf - Boys         | <input type="checkbox"/> Swimming         | <input type="checkbox"/> Waterpolo - Girls  |
| <input type="checkbox"/> Golf - Girls        | <input type="checkbox"/> Wrestling        |   |

Fundraiser Expenses: Fundraiser \_\_\_\_\_

General Expenses: \_\_\_\_\_ Awards \_\_\_\_\_ Overhead \_\_\_\_\_ Other

Expense Description: \_\_\_\_\_

Please attach and sign receipts with approval to pay and date. No expense will be paid without receipt, signature of approval, expense description or sufficient funds in the expense category.

Coach or Requester signature \_\_\_\_\_