



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 _____