

2011/2012 Team Reimbursement/Payment Request Form SPRING-FORD ATHLETIC BOOSTER CLUB

Find us on the web: www.sfboosterclub.net

Usage Plan and Reimbursement/Bill Payment Request



Objective: The objective of this form is to provide documentation for intended use of \$ or the reimbursement or disbursement of funds by the Booster Club to a Coach.

Procedure:

- Fill out the "Reimbursement/Payment Request" when you need monies reimbursed or a bill needs to be paid with or without an invoice.
- Questions? Contact Shelley Kratz, Booster Club Treasurer @ skratz@sfboosterclub.net.

REIMBURSEMENT/BILL PAYMENT REQUEST

Request Date: _____ **Sport:** _____

Coach Name & Signature: _____

Athletic Director Signature: _____

Reason for Payment: _____

Is this payment for a fundraiser? Y or N (If yes, please provide fundraiser name and date)

Fundraiser: _____ **Date of Event:** _____

Amount to be Paid: _____

Check Payable to: _____

Address to Mail Check to: _____

Date Check Needed: _____

Comments: _____
