



Date Sent: _____

Check # _____

Amount Paid: _____

Team: _____

For Treasurer's Use Only

R-H Sports Booster Money Request Form – Teams

Date of Request: _____

Team Name: _____

Coach: _____

Specific description of what money was used for:

Vendor	Description	Amount
	TOTAL	

Name and Address where payment should be sent:

Coach Signature: _____ Print Name: _____ Date: _____

Liaison's Signature: _____ Print Name: _____ Date: _____

Please scan this form along with all receipts, invoices or other required documentation and email to rhsbtreasurer@gmail.com. All requests **MUST** have proper documentation and signatures before reimbursements can be made.