



Updated 9/21

Date: _____
Check# _____
Amount Paid: _____
Team: _____
Date Sent: _____

For Treasurer's Use Only

Booster Money Request – Teams

Date of Request: _____

Team: _____

Coach: _____

Money is (was) used for (be specific):

Quantity	Catalog/ Business Description	Unit Price	Total

Name & Address for check reimbursement:

If check should be given back to coach to give/ send to vendor, please check here _____

Special Instructions:

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

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

Athletic Director's Signature: _____ Print Name: _____ Date _____

******* Please scan this form along with all receipts, invoices, or other required information. If you are unable to scan this using a printer, please download and use the Genius Scan App as requested per Karen Marchand. Email the scan to the Athletic Office where it will be printed, signed, and then once completed, picked up by the Treasurer on Thursdays. Please contact Karen Marchand if you would like to drop off any requests. Any requests without proper documentation will not be reimbursed. Remember, ALL Requests need a Coach's, Liaison's and AD's Signature to be considered for approval. ****