

Paradise Athletic Booster Club

Request For Funds

Pre-Approval

Name of requestor: _____ Date: _____

Sport: _____ Deadline for receiving funds: _____

Please allow 2 weeks for processing

Amount requested: \$ _____ * Please attach a copy of Quotes/invoices for request*

Make check payable to: _____

Please list specific items to be purchased with the funds:

A.D. approval/signature: _____

Superintendent signature: _____

For Booster Club Officer Use Only:

Received on: _____ Funded: YES ___ NO ___ Amount Approved: \$ _____

Comments: _____

Booster Club Officer: _____

AFTER Approval:

Funds to be paid to: _____ Date: _____

****You MUST have a copy of the receipt for individual reimbursement!****

Please list the name and address of the company where you made your purchase and the specific items you purchased:

For Booster Club Officer Use Only:

Funds Paid to the order of: _____

Amount Reimbursed: \$ _____ Date reimbursed: _____ Check #: _____

Booster Club Treasurer: _____