

WALTER L. SICKLES HIGH SCHOOL ATHLETIC BOOSTER CLUB REQUEST FOR PAYMENT/EXPENSE REIMBURSEMENT FORM

Complete all information requested and attach original invoices, receipts to the **right side** of this form. Form **must be signed** by the persons listed to be considered for payment. Place completed form and documentation in ABC Mailbox in front office.

| | | | |
|----------------------|----|---------------|--|
| Date: | | Sport/Account | |
| Requestor Name: | | | |
| Pay to the Order of: | | | |
| Amount: | \$ | | |

Description of Reimbursement: _____

Reimbursement:

Check Request:

Put in School Mailbox for _____

Mail To:

Debit (ABC only)

Transfer (ABC Only)

ABC Treasurer Signature Date

Your Signature Date

ABC President Approval Signature Date

Coach's Approval Signature Date

Athletic Director Approval Signature Date

For Treasurer's Use Only:

Date Paid: _____ Check #: _____ Transfer Confirm #: _____

Budget Cat. 1: _____ Amount: _____ Budget Cat. 2: _____ Amount: _____