WALTER L. SICKLES HIGH SCHOOL ABC REQUEST FOR PAYMENT/EXPENSE REIMBURSEMENT

Please complete all information requested & attach original invoices, receipts to the <u>right top corner</u> of this form. This <u>must be signed</u> by the person requesting payment, coach, booster president, booster treasurer <u>and</u> Athletic Director. Submission of this form does not guarantee payment. Consider time for multiple people to process. Place completed form and documentation in the ABC Mailbox in the front office. Gift cards are not allowed to be paid for by ABC.

Today's Date:			Sport:	
Requestor Name:			Amount:	
Pay to the Order of:			· · ·	
Description of Reimbursem	ent:			
Payment Type:		Но	w would you like your check?	
Reimbursement			Put in School Mailbox for:	
Check Request			Mail To Address:	
Your Signature	Date	-	Athletic Director Signature	(G.L.) Date
Coach's Signature	Date	-	Booster President (S.H.)	Date
			Booster Treasurer (S.B.)	Date
Treasurer's Use Only: Amount: Transfer Confirm #:		_	Check #	
Budget Cat 1:	Amou	unt:	Cat 2:	Amount: