

PCHS Athletic Booster Club Request for Reimbursement/Payment

Requested by: _____	Date of Request: _____
Phone No: _____	Date needed by: _____
Check payable to: _____	
Account/category to be charged: _____ (if known, otherwise leave blank for Treasurer)	Amount: _____
Brief description/purpose for check: _____	
Mailing/delivery/pickup instructions: _____	
_____ Signature, President	_____ Print Name
Or	
_____ Signature, V-P Athletic Director (if Coach Request)	_____ Print Name

Instructions:

1. Before spending, obtain approval from Executive Board.
2. Staple receipts or invoices to back of this form.
3. Submit this form to President or VP for signature, **coach requests 1ST go to Ath Director.**
 - a. If expense is under \$100 and within budget, one Officer signature is required.
 - b. If expense is over \$100 and within budget, two Officer signatures are required.
 - c. If expense is not approved within budget, board vote is required before payment.
4. Submit completed form to Treasurer.

Treasurer Only

Check No.: _____

Date Paid: _____

6/13/08