



SAN JUAN HILLS High School ATHLETIC BOOSTERS

Request for Payment

Requestor's Information:

Request Date _____ Coaches Signature _____

Name and Position of Requestor _____ AD Signature _____

Team Requesting / Billed _____

Booster Position _____

Event or Assignment _____

Team Acct #	_____
Expense Cat. #	_____

Date of Event _____

Please describe nature of expense: _____

Check Information:

Amount | \$ _____

Make Check Payable to: _____

Method of Delivery (please check):

Mail to this address: _____

Hold for pick-up in Booster mailbox

Other (please specify): _____

Supporting Documentation: (Please check)

- Invoice attached
- Receipt attached

Authorization Information:

Date Approved in Minutes _____

Secretary's Signature _____

President's Signature _____

Treasurer Use:

- Approved Activity Funds Released Exec. Board approved expenditure

Date Paid _____ Check # _____ Budget Cat. _____ Warrant# _____