

KELLER ATHLETIC BOOSTERS FUNDING REQUEST FORM

Today's Date: _____ Date Needed: _____
Note: Please allow 48 hours for payment processing. Thank you!

SPORT: _____ Submitted by: _____

CHOOSE ONE:

1

CHECK REIMBURSEMENT	
Payee Name: _____	Contact #: _____
Address: _____ _____	
Pick Up: <input type="checkbox"/>	Mail: <input type="checkbox"/>
* Receipts must be scanned and emailed with this form as proof of purchase to be eligible for reimbursement	
* Receipt must be within 120 days of purchase	

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VENDOR PAYMENT	
Payee Name: _____	
Payment Method:	
On-line <input type="checkbox"/>	* Payment link must be sent with request form
Phone <input type="checkbox"/>	Contact Name: _____ Contact #: _____
Check <input type="checkbox"/>	Address: _____ _____
*Required documents: Invoice From vendor detailing purchase. OR. Contract signed by coach with deposit amount	

*** Keller Athletic Booster Club is a 501c3 Not For Profit Organizaiton. Tax is not reimbursable.

Detailed Description of Request: _____ *(If detailed invoice attached please mark "SEE ATTACHED")*

Event/Category	Item Description	Pace of Purchase	AMOUNT
Total:			\$0.00

Receipts and/or invoices must be attached to this form.

Treasurer's Notes:	
Date Received: _____	
Account Item: _____	
Check Number: _____	
Amount: _____	

Remarks:

<u>Sport Approval:</u>	
Liaison : _____	
Coach: Print: _____	
Sign: _____	
<u>KAB Authorization:</u>	
Treasurer's Signature: _____	
President's Signature: _____	