

Stanfield Booster Club

Booster Club Funds Request/Expense Reimbursement Form

Funds Request

Date: _____

Sport/Group/Organization Requesting Funds: _____

Contact Name: _____

Contact Phone number: _____

Amount Requested: _____

Description of Request: _____

Check Payable to: _____

Address to Mail: _____

Approved Denied

Amount: _____

Expense Reimbursement

Detail of invoices/receipts must be attached

Date of Request: _____

Date of Expense: _____

Item and Event (postage/sponsor sign letters): _____

Signature of Booster Club Member: _____

Signature of Booster Club Member: _____

GO TIGERS!