

**2017/2018**

**Team Reimbursement/Payment Request Form  
SPRING-FORD ATHLETIC BOOSTER CLUB**

*Find us on the web: [www.sfboosterclub.net](http://www.sfboosterclub.net)*



**Usage Plan and Reimbursement/Bill Payment Request**

**Objective:** The objective of this form is to provide documentation for intended use of \$ or the reimbursement or disbursement of funds by the Booster Club to a Coach.

**Procedure:**

- Fill out the "Reimbursement/Payment Request" when you need monies reimbursed or a bill needs to be paid with or without an invoice.
- Questions? Contact Booster Club Treasurers, Carisse Magazollo and Stephanie D'Archangelo at sf-Treasurer@sfboosterclub.net.

**REIMBURSEMENT/BILL PAYMENT REQUEST**

**Request Date:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

**Coach Name & Signature:** \_\_\_\_\_

**Athletic Director Signature:** \_\_\_\_\_

**Reason for Payment:** \_\_\_\_\_

**Is this payment for a fundraiser? Y or N (If yes, please provide fundraiser name and date)**

**Fundraiser:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**Amount to be Paid:** \_\_\_\_\_

**Check Payable to:** \_\_\_\_\_

**Address to Mail Check to:** \_\_\_\_\_

**Date Check Needed:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

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