



# REQUEST FOR TEAM FUNDS

Directions: Team Rep - Complete the form below, collect supporting receipts, get Head Coach approval and then give to the Athletic Booster's Treasurer or President. Please allow at least one week to receive check(s).

Date:

Head Coach:

Sports Program

Approved: Via e-mail (attached)  
Signed below

Amount of Request:

Request for Payment:

Advance of Funds:

Check Payable to:

Purpose:

Deliver check to: Team Mailbox on Friday

**OR**

Call for pick-up

Name:

Phone:

\_\_\_\_\_  
Head Coach's Approval

\_\_\_\_\_  
Date

*CHSABC Treasurer's Approval:* \_\_\_\_\_ (Date)

*Check #:* \_\_\_\_\_ *Check Amount:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Advance: Receipts Rec'd:* \_\_\_\_\_