



CHS ATHLETIC BOOSTERS REQUEST FOR FUNDS

Directions: Complete the form and place in the Athletic Booster's Mail Box located in the Main Office. Requests are picked up & checks are cut once every two weeks. Payment for invoices will be mailed directly to vendors.

Date: _____ **Head Coach:** _____ **Sport:** _____

Type of Request: General Reimbursement Tournament Fee Coaching Requirements

Amount of Request: _____ **Make Check Payable To:** _____

Purpose: (attach receipts, invoices, etc.)

Where should the check be sent?

Location/Address: _____

Who should be contacted once the check is ready?

Name: _____

Phone # and/or Email Address: _____

Head Coach Approval

Signature: _____

Questions? Please email CHSAB Treasurer April Jacobs at apriljacobs@gmail.com

Booster Use Only

Treasurer's Approval: _____

Account Funds Drawn From: _____

Date of Reimbursement: _____