

Date: _____

Check No.: _____

LAKEWOOD ATHLETIC BOOSTERS TEAM FUNDS REQUEST/PURCHASE ORDER

ORIGINAL RECEIPTS OR ORDER FORM REQUIRED AND MUST BE ATTACHED

**Payment will only be disbursed if there are sufficient monies available in the team account.
Separate forms must be filled out for each person requesting payment/reimbursement.**

Requests for payments should be dropped off at 1608 Robinwood Ave. Checks will be mailed to address noted below. Please allow 7-10 days for reimbursement or order to be placed.

Questions? Email: Lhsathleticfunds@gmail.com

Amount Requested: \$ _____

Date: _____

Coach: _____

Team: _____

Items Purchased/ Expenses (*attach additional sheets-if necessary*):

Team Representatives: (1. Coach 2. Authorized Team Parent – DUAL SIGNATURES REQUIRED)

1. _____

Tel.# _____

2. _____

Tel.# _____

Check made payable to: _____

Address: _____

Street Number

City

Zip

Email: _____

Booster Team Fund Coordinator Signature: _____

(This signature represents sufficient funds are available to process request)

PURCHASE ORDER NOT VALID WITHOUT APPROPRIATE BOOSTER SIGNATURE

Top Copy to Team Rep – Bottom – Booster Treasurer