



SHARON HIGH SCHOOL
ATHLETIC DEPARTMENT
ATHLETIC ACCOUNT JUSTIFICATION SHEET

Sport: _____ Date: _____

Pay to: _____

Address: _____ Street

City State ZIP Code

Purpose: _____

Amount: _____

Notes: _____

Coach Signature Date

Athletic Director Signature Date

BUSINESS OFFICE USE ONLY

Check #: _____

Date Sent: _____

Posted: _____