



REQUEST FOR FUNDS FROM FHE ATHLETIC BOOSTERS

****Please turn in all requests to the Athletic Director****

Sport: _____

Coach: _____

Date of request: _____

Decision requested by: _____

Dates parents were asked to volunteer at concessions: _____

Team fundraisers planned for this year: _____

Use of funds requested for: _____

Wholesaler's name: _____

Cost per unit: _____ Number of items requested: _____ Total Cost: _____

Detailed description of items: _____

Estimated lifespan of purchase: _____

Signature of requesting Coach: _____

For Athletic Office use only:

Check one: Approved _____ Denied _____ Amount approved: _____

Comments: _____

Signature of Athletic Director: _____ Date: _____

Signature of Athletic Boosters board member: _____ Date: _____

Date PO issued: _____ Date payment sent: _____