## ANN ARBOR PIONEER BOOSTER CLUB DISBURSEMENT REQUEST FORM

Team:		Date:
Amount reque	sted:	
•	forms Equipment Supplies Tra	
Explain expend	liture in more detail:	
Check payable to:		
Mail check to:		
		orized by the head coach and team parent:
(print name below	)	
Team Parent:		(signature)

Please either take to the Pioneer Athletic office (to be put in the Athletic Booster mailbox) or send this form with your receipt(s) or invoice(s) to our treasurer

Ann Arbor Pioneer Athletic office

C/O Nicole Mayberry/Pioneer Booster Club

601 W. Stadium Blvd

Ann Arbor, MI 48103

or email to: nicina2@comcast.net