**Athletic Department Requisition Form**

**Team Today’s Date**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Overnight Stays for District or State Contests.***Please make your reservations using your own credit card. Submit the following information. The Athletic Department will arrange for payment in advance of your stay. See procedures for allowable expense limits.***Hotel Name**

|  |
| --- |
|  |

**Phone #**

|  |
| --- |
|  |

**Number of Rooms**

|  |
| --- |
|  |

**Reservation Date**

|  |
| --- |
|  |

 |

**Coaches Name *Please print.***

|  |
| --- |
|  |

Vendor Name

|  |
| --- |
|  |

Item Description Quote number (please attach quote)

|  |  |
| --- | --- |
|  |  |

**If quote is not attached, please complete the following information:**

Vendor Phone Number or Website Link

|  |
| --- |
|  |

Quantity Color Size Price Requested Delivery

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Method of Payment: Supply Budget Uniform Budget Internal Account

Office Use Only

Approval:

Date:

Account #:

*If Booster group is paying, funds will be withdrawn from internal account and booster group will reimburse.*

**Authorization to withdraw funds from internal account:**

**Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**