

American High School Athletics Booster Club
Request for Payment or Reimbursement

To: AHS Booster Treasurer
From: _____

Date: _____
Phone: _____

Please Pay:
Purpose/Activity: _____

Description: _____

Payable to: _____

Address: _____

Total Amount: _____

Invoice/Receipts: YES: ___ NO: ___
(If no, reason)

For the Treasurer's Use Only	
Check Date: _____	Check #: _____
Budget Category: _____	
Date Approved: _____	
President: _____	
Secretary: _____	