

Chico High Sports Boosters

Expense Payment Form



GENERAL INFORMATION

Event/Activity Date

Amount Requested Reimbursement:

Person Requesting Agent Purchase:

EXPENSE BREAKDOWN

Budget Category(ies)	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

TREASURER'S BREAKDOWN *(Boosters Only)*

Balance Avail.	Balance Rem.	Approved
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

MAKE CHECK PAYABLE TO or PURCHASE WITH/ON BEHALF OF

Person/Company (Please Print)

Address

City, State, Zip Phone Number

e-mail

(Receipts or Invoice Must be Attached)

ATHLETIC DIRECTOR REVIEW

Athletic Director Signature Date:

BOOSTERS OFFICER REVIEW PERFORMED BY *(Boosters Only)*

Officer Signature Date:

PAYMENT INFORMATION *(Boosters Only)*

Check Number Amount Paid Booster Checking

Check Written By Date Paid Team Checking