**Chico High Sports Boosters**

**Expense Payment Form**

### GENERAL INFORMATION

- **Event/Activity**: 
- **Amount Requested**: 
- **Person Requesting**: 
- **Date**: 
- **Reimbursement**: 
- **Agent Purchase**: 

### EXPENSE BREAKDOWN

<table>
<thead>
<tr>
<th>Budget Category(ies)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TREASURER’S BREAKDOWN *(Boosters Only)*

<table>
<thead>
<tr>
<th>Balance Avail.</th>
<th>Balance Rem.</th>
<th>Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**: 
- **Check Written By**: 
- **Date Paid**: 
- **Booster Checking**: 
- **Team Checking**: 

---

*Chico High Sports Boosters*  
901 Esplanade  
Chico, CA 95926  
www.ChicoSportsBoosters.org  
chicohighsportsboosters@gmail.com  
July 2019