Chico High Sports Boosters
Expense Payment Form

GENERAL INFORMATION

Event or Activity ____________________ Date __________________

Person Requesting Check ____________________ Balance in Team Account __________________

Amount Requested ____________________ Balance in ASB Account __________________

Balances Verified by AD ___________ (Initial) ____________________

EXPENSE BREAKDOWN

<table>
<thead>
<tr>
<th>Budget Category(ies)</th>
<th>Amount</th>
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TREASURER’S BREAKDOWN (Boosters Only)

<table>
<thead>
<tr>
<th>Budgeted Amount</th>
<th>Budget Left</th>
<th>Approved</th>
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MAKE CHECK PAYABLE TO

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 ___________ Date Paid ___________

Check Written By ___________________________________________________________________

Chico High Sports Boosters
901 Esplanade
Chico, CA 95926

www.ChicoSportsBoosters.org
chichighsportsboosters@gmail.com
March 5, 2017

Form Approved by Sports Boosters Board March 6, 2017