

Chico High Sports Boosters

Expense Payment Form



GENERAL INFORMATION

Event or Activity _____ Date _____

Person Requesting Check _____

Amount Requested _____ Balance in Team Account _____

Balances Verified by AD _____ (Initial) Balance in ASB Account _____

EXPENSE BREAKDOWN

Budget Category(ies)	Amount
_____	_____
_____	_____
_____	_____
_____	_____

TREASURER'S BREAKDOWN *(Boosters Only)*

Budgeted Amount	Budget Left	Approved
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

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 _____

Check Written By _____ Date Paid _____

Chico High Sports Boosters
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March 5, 2017

Form Approved by Sports Boosters Board March 6, 2017