



# CVHS Athletic Boosters Club

## Request for Payment or Reimbursement

<i>Request Information</i>	
<b>Date of Request:</b>	<b>Team or Event:</b> <span style="float: right;"><i>Circle One:</i> Girls / Boys</span>
<b>Contact Name:</b>	
<b>Address:</b>	
<b>City:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Delivery Method:</b> <i>(check one)</i>	
<input type="checkbox"/> Mail (\$.50 postage) <input type="checkbox"/> Call for Pick-up <input type="checkbox"/> School Mailbox <input type="checkbox"/> Other _____	
<i>Request Details</i>	
* Please attach receipts *	
<b>Total Requested: \$</b>	
<b>Made Payable to:</b>	
<b>Mail to:</b>	
<i>Signatures</i>	
* Original Required – will be delayed if not original *	
<b>Coach:</b> _____	
<b>Athletic Director:</b> _____	

Official Use Only	
<b>Date Paid:</b>	
<b>Check # and Amount:</b>	
<b>Treasurer Signature:</b>	

*Thank you!*