

MONTICELLO HIGH SCHOOL ATHLETIC BOOSTERS

SPENDING REQUEST FORM

Date Requested:	
Date Needed:	
Sport:	
List / Describe Item(s) Needed: (Attach receipts, if appropriate)	
Dollar Amount of the Expense:	\$ _____
Requested from General Booster funds or Specific Team Account? (specific team requests require varsity coach's signature)	<input type="checkbox"/> General Booster Funds <input type="checkbox"/> Specific Team Account Coach's Signature: _____ <i>(if applicable)</i>
Payment requested to MHS or vendor name?	
Request submitted by: MHS AD / Coach / Booster	Print Name: _____
Coach's Request Reviewed by MHS Athletic Director (AD)	AD's Signature: _____ Date: _____

For Booster use below/ Select one from below:

Expense Approved-A customary & ordinary Booster Expense from general Funds	Officer Sign Off: _____	Date: _____
Expense Approved as a Booster Expense from Specific Team Fund	Officer Sign Off: _____	Date: _____
Expense Approved by Booster Vote	Officer Sign Off: _____	Date: _____
Expense Disapproved	Non Permitted Expense Insufficient Funds for the Request	Date: _____

If Approved:

Check Payee: _____

Check Date: _____ / **Check Number:** _____

Check Amount: _____