

CREEKWOOD ATHLETIC BOOSTER CLUB

Request for Purchase Form

TO BE COMPLETED BY COACH

DATE REQUESTED _____

ITEM REQUESTED _____

ESTIMATE/ QUOTE _____

+++ PLEASE ATTACH QUOTE FOR REQUEST +++

COMMENTS _____

Signature: Head Boy Coach _____

Signature: Head Girl Coach _____

APPROVAL SIGNATURE: Walt Winiki _____

TO BE COMPLETED BY BOARD

VOTE PASSED ON (DATE) _____

AMOUNT APPROVED _____

APPROVAL SIGNATURE _____
(CABC President)

APPROVAL SIGNATURE _____
(CABC Board Member)

TO BE COMPLETED BY TREASURER

AMOUNT PAID _____ DATE _____

PAID TO _____

TREASURER'S SIGNATURE _____

CHECK GIVEN TO _____ DATE _____

DEBIT CARD USED: YES / NO Conf: # _____ DATE _____