

Sammamish High School Boosters Disbursement Form

Please use this form to request a disbursement from affiliate club accounts. Download and save the form as a new file to type in your data or print the form to handwrite your data. Attach copies of all receipts/invoices and submit to:

MAIL: Sammamish High School Boosters, attn: Treasurer, 100 104th Ave SE, Bellevue, WA 98005

EMAIL: treasurer@shsboosters.org

1. Requestor Name

2. Requestor Email

3. Disbursement Type

Reimbursement
Direct Invoice Payment

4. Affiliate Club

Cross Country
Boys Basketball
Rocketry
Boys Soccer
Girls Soccer
SPABS (Performing Arts)
Boys Swim

Girls Swim
Tennis
Girls Volleyball
Boys Water Polo
Wrestling
None, Booster Administrative Expense
Other _____

5. Payable to:

Enter the name and mailing address of payee

6. Total Amount

Enter dollar amount for the requested check. Checks are sent on the 1st and 15th of each month.

\$ _____

7. Amount Detail

<u>DETAIL</u>	<u>AMOUNT</u>	<u>RECEIPT DATE</u>

8. Requestor Signature

You confirm this expense follows all rules and laws regarding booster club expenditures and that you are authorized to request a disbursement from this affiliate club.

X _____ Date _____

Accounting Use Only:

Approved By _____ Date _____

Check # _____ Account _____ Date _____