

Acalanes Boosters Club
Expense Authorization/Reimbursement

Boosters Fund / Sport-Team: _____

Amount Requested: \$ _____

Purpose of Funds: _____

Vendor(s): _____

Vendor Address(es): _____

Make check payable to: Vendor? _____ Other? _____

If other, name to whom check is payable: _____

Check to be delivered via: Mail _____ Personal Delivery _____

If mailed, mailing address: _____

Approvals:

Varsity Head Coach	_____	Date _____
Boosters: Team Representative	_____	Date _____
Athletic Director, or	_____	Date _____
Principal	_____	Date _____
Boosters: President, or	_____	Date _____
Boosters: Vice President	_____	Date _____

Please attach purchase orders, invoices, and/or receipts