



Acalanes Boosters Club Expense Authorization/Reimbursement

Date		
Name of Sport		
Name of Requestor		
Email		
Mobile Number		
Allocated Funds		
Discretionary Funds		
Capital Funds		
Other		
Amount Requested		Treasurer Initials
Purpose of the Funds (Please be Specific)		
Vendor		
Address		
City, State & Zip		
Make Check Payable to:		
	Vender	Other
If other, make payable to:		
Address		
City, State & Zip		

Approvals	
Varsity Head Coach	Date
Print Name:	email:
Booster Representative	Date
Print Name:	email:
Athletic Director or Assist. Principal	Date
Randy Takahashi email: rtakahashi@auhdschools.org or Andrea Powers email: apowers@auhdschools.org	
Booster President	Date
Dan Meade email: juliaovers@gmail.com	

Please scan & attach all supporting invoices & receipts, treasurer will get electronic signatures from each signer
 email to: chrispalma@comcast.net - Chris (415)-265-0088