

INDEPENDENCE HIGH SCHOOL ATHLETIC BOOSTER CLUB
Request for Payment and Disbursement Authorization
(Check Request)

Request

Date of Request: _____ Amount: _____
Sport: _____ Invoice#: _____ Payee:

Address: _____
Phone No.: _____ Fax No.: _____
Purpose: _____

Authorized Signature:

Date:

Parent: _____	_____
Athletic Director: _____	_____
Coach: _____	_____
Principal: _____	_____
IHSABC: _____	_____
IHSABC: _____	_____

Authorization for payment of expense(s) must be in IHSABC Minutes. All requests will be received and approved within seven (7) school days from submission, unless previously arranged with a Board Member. Attach all vendor invoices and/or receipts. Checks will not be processed without invoices or receipts and authorized signatures.

IHSABC Board Use Only: _____ Date: _____
Treasurer's Signature: _____
Check #: _____ Amount Paid: _____

