

ANN ARBOR HURON HIGH SCHOOL
ATHLETIC BOOSTER CLUB

CREDIT CARD PAYMENT REQUEST FORM

<i>Charge Information</i>
Date Charged _____
Amount charged \$ _____

Payment to (company): _____ **Amount:** _____
Company phone #: _____ Company contact (name) _____
Order number (if any): _____

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Requested By: _____ **Date:** _____
Telephone Number: _____ E-Mail Address: _____

Purpose of Expenditure:

___ Banquet Expenses	___ Coaches Fees	___ Entry Fees
___ Equipment/Supplies	___ Fund Raising	___ Player Awards
___ Team Clothing/Uniforms	___ Team Meals	___ Team Travel
___ Other, Explain: _____		

Remarks: _____
Remarks: (Indicate if the company will be sending an invoice later.)

GENERAL OR SPECIFIC SPORT'S ENCUMBERED FUND

AMOUNT

Transfer funds from the team(s) indicated below:

_____	\$ _____
_____	\$ _____
_____	\$ _____

Attach receipts/documentation and submit this form **with the signature of** an authorized person* to the Athletic Booster Club Treasurer. Forms missing receipts/documentation or signatures from individuals on the authorized signer list will be returned to the teams mailbox.

Place requests in the Booster Club mailbox, available in the Athletic Office.

Payments from a sport specific Encumbered Fund are expensed at the discretion of the team's Head Coach and/or duly authorized designee (ex: *The Authorized Signer, Athletic Secretary or Athletic Director*).

Payments from the Booster Club's General Fund **must be approved by the Executive Board** prior to purchase.

Two (2) signatures are required for requests of \$500 or more to a single payee. Two signatures are also required if the dollar amount, for a single payee, is over \$500 across multiple request forms.

Approved by: Print Name _____ Signature _____	Approved by: Print Name _____ Signature _____
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