



## WEST MECK HS ATHLETIC BOOSTER CLUB PAYMENT REQUEST VOUCHER

PAY TO NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_ INVOICE#: \_\_\_\_\_ DATE REQUIRED: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

APPROVED BY HEAD COACH: \_\_\_\_\_

APPROVED BY BOOSTER PRESIDENT OR VICE: \_\_\_\_\_

**DIRECTIONS:**

1. Fill out all sections of the form completely.
2. Attach all supporting documents (i.e. Receipt, Invoice, Email)
3. Turn completed form and all support in to the Booster Club:
  - a. via email to: [westmeckboosterclub@gmail.com](mailto:westmeckboosterclub@gmail.com) or
  - b. in the Booster Club box in the school's mailroom

**BUDGET LINE ITEM:**

_____ Football _____ Wrestling _____ Tennis (M) _____ Tennis (F) _____ Track _____ Volleyball _____ Basketball (M) _____ Basketball (F) _____ Baseball _____ Swimming _____ Cross Country (M/F) _____ Lacrosse (F) _____ Lacrosse (M)	_____ Softball _____ Soccer (M) _____ Soccer (F) _____ Cheerleading _____ Golf (M) _____ Golf (F) _____ Sports Medicine _____ Corporate _____ Insurance, Legal & Accounting General: _____ Concessions _____ Spirit wear _____ Booster Expenses _____ Other: _____
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**\*\*\*REQUIRED SUPPORTING DOCUMENTS MUST ACCOMPANY REQUEST\*\*\***

TREASURER:  
 CHECK NUMBER: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ DATE PAID: \_\_\_\_\_