

Leigh Sports Boosters Check Request Form

Instructions:

1. Only original receipts (dated between July 1 – June 30) will be accepted and should be attached to the check request from.
2. If you require payment to a vendor, please attach an original invoice. If the vendor provides a service and the invoice amount is greater than \$600, a W-9 must also be submitted before payment is made.
3. Check requests will be processed within 10 days of receipt of request.
4. If your request is urgent, please contact the Leigh Sports treasurers at asbctreasurer@leighhsc.org.

Submitted By: _____

Phone/ Email: _____

Date Submitted: _____

Choose one:

- Personal Reimbursement
 Direct Payment to Vendor

Name and address of payee:

Choose one:

- Mail check to vendor
 Return check to requestor

| Expense to be Reimbursed | Amount | Expense to be Reimbursed | Amount |
|---------------------------------|--------|-----------------------------------|--------|
| Advertising/Communications | | Snack Shack Supplies - Baseball | |
| Associated Student Body Payment | | Snack Shack Supplies - Basketball | |
| Fundraising | | Snack Shack Supplies - Football | |
| Non-Specific Sports | | Sports Teams | |
| Office Supplies | | Supplies & Equipment | |
| Other | | Tax Prep | |
| Senior Athlete Recognition | | | |

Treasurer Approval _____ Signature _____ Date _____