

Auburn Mountainview Booster Club - Request for Funds

Date of Request: _____ Date Needed By: _____

Name of Club/Organization: _____

Advisor/Contact Person: _____ Phone #: _____

Number of Members: _____ Current Annual Budget: _____

How many of your students have parents that are members of the Booster Club? _____

Amount Requested: _____ Check Payable To: _____

Fund Raising Efforts to this Point: _____

Reason for Request: _____

What other resources have you contacted for assistance for this request? _____

Signature of Advisor: _____

INSTRUCTIONS FOR COMPLETING FORM

1. Forms must be completed, signed, dated and received by Booster Club 7 days prior to the Monthly meeting so that all requests can be reviewed.
2. Please provide a clear & detailed reason for the request. Attach additional pages as needed to sufficiently support your request. We require you or a representative to attend the meeting to personally present your request and to answer questions. Please contact the Booster Club President or leave a message in our mail box at school along with a copy of your request so that we can add your name to our agenda.
3. If you are requesting reimbursement of monies you have advanced for the club/organization, copies of the Receipts must be attached to this Request form for our records.
4. All "Membership Approved Requests" are paid upon receipt of Invoice or Receipt. If there is no Invoice or Receipts, special arrangements must be made in advance with the President and Treasurer.
5. The name and address of the Payee must be filled out. If this information is not provided, the request cannot be processed until the information is provided.
6. If you have questions, contact the AMBC President using the "contact us" link at amhsbooster.org

Booster Club Use Only

Amount Approved: _____ Date Approved: _____

AMBC Signature: _____ Comments: _____