



Auburn Mountainview Booster Club  
**Bill & Invoice Payment Form\***



*\*Must be submitted by the designated parent rep or chair for your group  
 Coaches/Advisors/Reps may NOT enter into contracts, only AMBC Officers.*

Company / Service Provider: \_\_\_\_\_

Contact / Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Group or Committee / Event: \_\_\_\_\_

Date Bill Received: \_\_\_\_\_ Date Due: \_\_\_\_\_

Description / In Payment for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Amount Due: \$** \_\_\_\_\_

*Does this payment comply with applicable rules for your activity? If unsure, please contact your coach/advisor or specific governing body (i.e. NPSL, WIAA, NATS, ASB, etc) for clarification before submitting.*

Name/Sig of Parent Rep or Chair submitting bill: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

School / Athletic Director signature (if applicable): \_\_\_\_\_

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**For Treasurer's Use Only**

Check made payable to: \_\_\_\_\_

Check # \_\_\_\_\_ Check Amount \$: \_\_\_\_\_

Date Issued / Mailed \_\_\_\_\_ / \_\_\_\_\_

Account / Line Item debited: \_\_\_\_\_

Treasurer's signature: \_\_\_\_\_

Comments: \_\_\_\_\_