



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



*Coaches/Advisors/Parent Reps may NOT enter contracts, only AMBC Officers.  
 \*AMBC purchases, reimbursements, and fund transfers must be approved by the  
 designated Parent Rep for your group and must comply with all applicable BC  
 finance rules.\**

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

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

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

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

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

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

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

*\* Is the coach/advisor/teacher/staff member -AND- the designated parent rep of this group/activity/committee active Booster Club members? This request will be denied if answered no. Two Booster Club signatures as well as above mentioned memberships are a requirement to access Booster Club funds. \**

Parent Rep submitting bill, print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

2<sup>nd</sup> Parent Rep/Coach/Advisor/Staff, print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**For Treasurer's Use Only**

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

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

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

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

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

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