



CR BOOSTERS

Columbia River High School, 800 NW 99th Street, Vancouver, WA 98665 (360-313-3900)

DISBURSEMENT REQUEST

Please leave in CR Boosters mailbox in CRHS mailroom (checked weekly) or give directly to Treasurer.

Please be sure CRHS/VPS does not have funds to pay for these items or services BEFORE submitting.

Submitted By (Print Name): _____ Date: _____

Email: _____ Group/Club/Sport: _____

Phone: _____ *Event/Activity/Service: _____

(*EXAMPLE BUDGET CATEGORIES: Annual Fees/Subscriptions, Awards/Gifts/Prizes, Concessions, Donations, Equipment/Maintenance, Fundraisers, Gear, Grants, Meetings/Food, Travel/Training, Scholarships, etc.)

PURPOSE/DETAILS:

Amount Requested: \$ _____

ORIGINAL ITEMIZED RECEIPT(S)/INVOICES MUST BE ATTACHED. (Tape loose receipts on back or separate page.)

CHOOSE ONE: (NOTE: Check directly to vendor is preferred form of payment. Boosters Debit Card is only to be used if checks are not accepted or if a Boosters account has been established.)

Pay by Check - Payment to be made to: _____
(if different than submitted by)

Deliver Check Via: (CHOOSE ONE)

- I will pick up check. Staff Mailbox at School School Office Directly from Treasurer

Specify Location: _____

- Mail check to: SEE ATTACHED INVOICE or

Name: _____ Phone: _____

Address City/State/Zip: _____

Pay by Debit Card (be sure account info. and contact info./payment instructions are on attached invoice)

COACH/ADVISOR AUTHORIZATION REQUIRED

Coach/Advisor (Print Name/Sign): _____ or attach email w/authorization

Coach/Advisor Phone & Email: _____
(if different than submitted by)

FOR CR BOOSTERS TREASURER USE ONLY: Entered into MoneyMinder Initials: _____

Check #: _____ Check Amount: Same as above or \$ _____ Date Issued: _____

