**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_