



## BOOSTER GROUP DISBURSEMENT FORM

### Booster Group:

Justification of Disbursement:

Pay to the Order of:

Amount: \$

Mail disbursement to:

or

Place disbursement in Booster Mailbox with Attention To:

**Allow five (5) working days for the MVHS Timberwolves Foundation to process any disbursements.**

**Attach appropriate documentation regarding this disbursement, ie invoice, purchase order, receipt, email verification.**

On behalf of the above booster group, I hereby verify that this is an accurate and legitimate justification for disbursement from this booster group that I am aware of and agree with.

I also certify that the disbursement above is not for personal use or for political purposes, but is to be used solely in support of this Mission Vista High School booster group.

### Person with Authorized Access:

Name:

*Signature:*

Date:

### As Advisor/Supervisor of the above group, I hereby acknowledge this disbursement:

Name:

*Signature:*

Date: