

Blaine Athletic Booster Club Request for Bill Payment/Reimbursement

All bills, invoices and/or receipts must be stapled to this form. Money **will not** be disbursed without correct documents, documentation **and** the appropriate signature(s).

Name of Committee/Coach/Teacher: _____

Sport or Group: _____ Date Requested: _____

Amount	Expense Description*	Make Check To:
\$	Total of all Amounts	

* Expense description will be one of the following: travel, tournament fees, fund raising expense, meals, officials, trophies, uniforms, equipment

Comments/explanation: _____

Coach's / Preparer's Signature: _____

BABC Officer's Signature: _____

Date paid _____ BABC Check number: _____