

Steinbrenner Athletic Booster Club

Expenditure Request / Board Approval / Check Distribution

SECTION 1 - EXPENDITURE REQUEST Team Name: _____

Amount Requested: \$ _____ Expenditure Allocation: General Team

Purpose of Expenditure/Items to be purchased (please be specific): _____

Submitted to SABC by: _____ Date: _____

SECTION 2 - ADMINISTRATIVE / COACH APPROVALS

AP of Admin Approval: _____ Date: _____

(AP of Admin Approval Required for **ALL** Expenditures)

Head Coach Approval: _____ Date: _____

SECTION 3 - CHECK DISBURSEMENT

Original Invoice/Receipt Attached (✓) Date Check Required: _____

Amount Requested: \$ _____ Payable To: _____

Address to be Mailed to: _____

OR

Provide by Hand Delivery to: _____

FOR SABC TREASURER USE ONLY:

Check Amount: \$ _____ Check Number: _____ Check Date: _____

Account: General: _____ Amount: \$ _____

Team: _____ Amount: \$ _____

***** Please keep a copy for your records *****