



Fayetteville Manlius AllSport Booster Club



FUND REQUEST FORM

Date: _____

Team Name: _____

Dollar Amount Requested: _____

Name/vendor to write check to: _____

Address to mail to or person to give to: _____

Describe fund use: _____

REQUIREMENTS FOR ALL REQUESTS:

- 1) **ATTACH QUOTE, INVOICE AND/OR RECEIPT TO ALL FUND REQUESTS**
- 2) **HAVE BOTH THE COACH AND TEAM REP SIGN BELOW, INDICATING APPROVAL OF EXPENDITURE**
- 3) **SUBMIT FUND REQUEST, ALONG WITH REQUIRED DOCUMENTATION, TO THE FMASBC TREASURER**

Approvals

Head Coach:	Date:
Team Rep:	Date: