

PHS VIKING BOOSTER CLUB
REQUEST FOR FUNDS

Date of Request:	Date Needed By:
Name of Club/Organization:	
Contact Person:	Phone #:
Amount requested: \$	# of Participants:
Check Payable to: _____	
Address: _____	
REASON FOR REQUEST:	
<p>(if this request is for reimbursement of monies spent, copies of Receipts must be attached)</p> <p>What other resources have you contacted for assistance with this request?</p>	
How many of your students have Parents that are members in Booster Club?	
Signature of Contact Person: _____	

INSTRUCTIONS FOR COMPLETING FORM

1. Forms must be completed, signed, dated and received by Booster Club prior to the Monthly meeting so that all requests can be reviewed by Membership.
2. Please provide a clear & detailed reason for the request. We would like to encourage you to attend the meeting to personally present your request. If you can do that, please contact the Booster Club President or leave a message in our mail box at school along with a copy of your request so that we can add your name to our agenda.
3. If you are requesting reimbursement of monies you have advanced for the club/organization, copies of the Receipts must be attached to this Request form for our records.
4. All "Membership Approved Requests" are paid upon receipt of Invoice or Receipt. If there is no Invoice or Receipts, special arrangements must be made in advance with the President & Treasurer.
5. The name and address of the Payee must be filled out. If this information is not provided, the request cannot be processed until the information is provided.
6. Questions, please contact VBC Treasurer **Julie Mayer 253-848-5615/rammayer@comcast.net**

BOOSTER CLUB USE ONLY	
Amount Approved: \$	Date Approved:
VBC Signature:	Comments: