**(PRESS HARD – DUPLICATE FORM)**

**PO Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAKEWOOD ATHLETIC BOOSTERS**

**TEAM FUNDS REQUEST/PURCHASE ORDER**

**ORIGINAL RECEIPTS OR ORDER FORM REQUIRED AND MUST BE ATTACHED**

**Payment will only be disbursed if there are sufficient monies available in the team account.**

**Separate forms must be filled out for each person requesting payment/reimbursement.**

Requests for payments should be dropped off at 1608 Robinwood Ave. Checks will be mailed to address noted below. Please allow 7-10 days for reimbursement or order to be placed.

Questions? Email: **Lhsathleticfunds@gmail.com**

Amount Requested: $ Date:

Coach: Team:

Items Purchased/ Expenses (*attach additional sheets-if necessary*):

Team Representatives: (1. Coach 2. Authorized Team Parent – **DUAL SIGNATURES REQUIRED**)

1. Tel.#

2. Tel.#

Check made payable to:

Address:

Street Number City Zip

Email:

***------------------------------------------------------------------------------------------------------------------------***

Booster Team Fund Coordinator Signature:

(This signature represents sufficient funds are available to process request)

**PURCHASE ORDER NOT VALID WITHOUT APPROPRIATE BOOSTER SIGNATURE**

Top Copy to Team Rep – Bottom – Booster Treasurer