

REV.6.09

Date Requested: _____ Date Needed: _____

*Please allow up to 14 days for processing and mailing.
Requests received after noon Thurs. will be processed the
following week.*

Amt. of Check: \$ _____

Group: _____

Project: _____

Category: ☐ FR Expense ☐ Operating Expense
☐ Reimburse ☐ Coaching
☐ Board Approved/Budgeted

PAYABLE TO: *Note: All checks will be sent directly to Payee unless otherwise specified*

Name: _____

Address: _____

City, State, Zip: _____

Requested by: _____ Phone: _____

Approved By: _____ Title: _____

(Booster or PA position)

ITEMIZATION (Please attach all Receipts)	AMOUNT
TOTAL	

SEND FORM AND RECEIPTS TO: **POINTER ASSOCIATION** *(do not leave at PLHS!)*

Booster Director

Or, Mail/Deliver to: 1220 Rosecrans St #247

San Diego, CA 92107

Questions? Boosters@pointerassociation.org

Receipts: <input type="checkbox"/> On File in Office <input type="checkbox"/> Sent to Treasurer	Date:	Approved By: (B.D.)
Payment By Check #	Date:	Pd By: (Treasurer)