

Clinton Gaels Athletic Booster Association Funds Request Form

Instructions:

1. Save a copy or print out this form
2. Fill it out
3. Send the completed form to Jennifer Gouvin at gouvinj@clinton.k12.ma.us and clintonboosters@gmail.com for approval.

Please allow up to 48-72 hours (business) for response and additional 24-48 for check.

Date Submitted: _____

Athletic Team: _____

Athletic Team Representative: _____

Phone/Email: _____

FUNDS REQUEST

Name of company for check to be payable: _____

Amount due: _____

When is the invoice due? _____

What is being purchased? (Please attach any invoices/receipts)

REIMBURSEMENT REQUEST

Name of individual for check to be payable: _____

Amount due: _____

What was purchased? (Please attach any invoices/receipts)

Athletic Director Signature: _____

Date: _____

Booster Board Member Signature: _____

Date: _____

APPROVED/DENIED

Non-Profit 501(C) (3) Charity
Tax Id # 26-4643528