



MTHS Boosters

Funds Request Form

Complete this form and either mail to:
MTHS Boosters, 21801 44th Ave W, Mountlake Terrace, WA 98043
or scan documents and email to mthsboostertreasurer@gmail.com

Date of Request: _____

Reimbursement Invoice

Group/Sport Funds to be charged: _____

Coach Advised: _____

E-mail: _____ Phone: (____) _____

General Purpose of Request (Attach Receipts/Invoice): _____

Total Amount Requested: \$ _____

Make Check Payable to: _____

Mail Check to (Address): _____

Accounting Use Only:

Check #: _____ Date Issued: _____

Account Paid From: _____

Signatures of Authorization to Pay

Parent Representative Signature: _____

Booster Treasurer Signature: _____

Check One

Check was given to (provide name): _____

Check was mailed to Payee at address above

Please mail check to: _____

Entered in General Ledger

Date: _____