



Club Activity Record of Transaction - CART

Date of Request: _____ **Club/Sport or Activity:** MUSIC

Transaction Amount: \$ _____

Type of Transaction (Circle)

For Deposit

For Reimbursement

For Payment

Budget Request

DESCRIBE PURPOSE:

For Reimbursements

Make Check Payable To:

Mailing Address:

Note: In order to receive any reimbursements all receipts must be attached.
In order to process payments, an invoice must be attached.

**FOR OFFICIAL USE ONLY
Authorization and Approval**

Requester: Lacee Kadinger		Phone Number:	
Booster Club Executive Board (Requires minimum of 2 signatures):			
President	Vice President	Treasurer	Secretary