Check # _____

Denton High School Fillies Booster Club

Funds Request Form

PAYEE SUMMARY

Payable to _____ Date Requested _____

Address _____ Phone _____

Requestor_____

Budget Category(s) to be Charged & Corresponding Amount(s)

Budget Category	Amount	Budget Category	Amount
			$
			$
			$

PURCHASE SUMMARY

Item Purchased	Place of Purchase	Amount
See additional page for additional items in this reimbursement total.	**TOTAL**	

Receipts and/or invoices must be attached. A sales tax exemption form should be used when feasible.

CHECK DELIVERY INFORMATION

Please indicate where you would like this check sent or how you would like to receive it:	

APPROVALS

Treasurer Signature _____Date _____

2nd Signer Signature _____Date _____

FOR TREASURER'S USE ONLY

Receipt/Invoice Date		Date Paid/Check Posted	
Date Received		Payment Method:Check or ACH	
Date Recorded in Money Minder		Total Payment	$