

Concord HS Sports Boosters Disbursement Request Form

TEAM: _____ **REQUESTER:** _____

PAY TO: _____

DATE: _____ **AMOUNT: \$** _____

EMAIL: _____

*** If check needs to mailed, please include mailing information below or on back of the form.**

DESCRIPTION OF EXPENSE(s): _____

Receipt(s) for expense must be included for disbursement

Board Member Signature 1

Print name / title

Date

Board Member Signature 2

Print name / title

Date

*** Bring form and receipts to booster meeting or email to board@concordsportsboosters.org**

For CHS Booster Use Only:

Check #: _____

Date Posted: _____

Date Written: _____

Receipt(s) Received: _____

Form v.2025.0.2