



Payment Request Form

Date: _____

Team: _____

Requested by: _____

Payee: _____

| Vendor | Description | \$ Amount |
|---------------|-------------|-----------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| Total Payment | | \$ |

Coach Approval:

AD Approval:

For Office Use Only:

Check No.: _____

Date Paid: _____

Initials: _____

Please keep a copy of this form for your records
Receipts must be provided for all payment requests

Contact a Booster Club Representative via text message with any questions
Kathy Frick (Booster Club Treasurer) 845-206-3284 kathyf@carmelramsboosterclub.com
Tom Febbraio (Booster Club President) 646-210-2933 tomf@carmelramsboosterclub.com