

WNHS THEATRE BOOSTER FUNDS DISBURSEMENT REQUEST

Amount Being Requested: \$ _____ Payable to: _____

Date of request: _____

Purpose:

Important Attach any supporting documentation & details, such as a receipt, vendor estimate, invoice, registration, order form, screen shot, etc.

Signature required by a WNHS Director or WNTB President/Treasurer

UPON COMPLETION, Submit to WN Theatre Boosters > wnhstheatreboosters@gmail.com for review and disbursement of Booster funds or provide to the WNTB President or Treasurer.

**** PLEASE ALLOW AT LEAST A WEEK NOTICE ****

***** Boosters Use Only *****

Funds dispensed by _____ (WNTB President or Treasurer)

Amount \$ _____ Cash _____ Check # _____

Date of check or withdrawal of cash: _____

If funds are given face to face:

Signature of Recipient: _____

Date that funds were received: _____