

## REQUEST FOR PAYMENT

FROM EARMARKED TEAM ACCOUNT

Return completed form along with invoice(s) and self-addressed stamped envelope, if payment is to be mailed, to PV Sports Boosters box in PVHS Administrative Office. If there are sufficient funds in your team's earmarked account to cover the request, payment will be remitted within 5 to 10 business days.

If your request requires expediting or if you have any questions, contact the PV Sports Boosters President, Laura Daugherty at 530-520-6393, or email: rocknkeyholelady@yahoo.com.

Date \_\_\_\_\_ Sport \_\_\_\_\_

Coach's Name \_\_\_\_\_ Coach's Email \_\_\_\_\_

Coach's Phone # \_\_\_\_\_

Total Amount Requested \_\_\_\_\_ Number of Payees \_\_\_\_\_

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Payee 1	Dollar Amount	Remit Payment To:
_____	_____	<input type="checkbox"/> Mailbox at PV (specify) _____ <input type="checkbox"/> I will pick up payment at next Boosters' meeting <input type="checkbox"/> Please mail payment in the attached self-addressed, stamped envelope

Payee 2	Dollar Amount	Remit Payment To:
_____	_____	<input type="checkbox"/> Mailbox at PV (specify) _____ <input type="checkbox"/> I will pick up payment at next Boosters' meeting <input type="checkbox"/> Please mail payment in the attached self-addressed, stamped envelope

Payee 3	Dollar Amount	Remit Payment To:
_____	_____	<input type="checkbox"/> Mailbox at PV (specify) _____ <input type="checkbox"/> I will pick up payment at next Boosters' meeting <input type="checkbox"/> Please mail payment in the attached self-addressed, stamped envelope

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I approve the request: \_\_\_\_\_

Athletic Director

Date