

Internal Tracking Number

Lee's Summit Tiger Booster Club Payment Request Form

Date

Authorization

Sport/Account: _____

Disc Of Expense: _____

Signature/Approval: _____ **Print:** _____

Phone _____ **eMail:** _____

Payee

Name _____

Address _____

Phone _____ **eMail:** _____

Distribution

Mail To: _____

Other: _____

include date required

Receipts

	Copy Attached ⁽¹⁾	Date	Vendor	Amount	Account	Pay Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
Total						

E:\NEW Data\James\LSHS Booster\FORMS\LSHS Booster Payment Form 2010.xls\PayReq

Notes

Note: If no receipt please provide detailed description of expense below:
(Ref)
