A picture containing drawing

Description automatically generated**Team Funds Payment Request Form (Revised 9/7/2023)**

* Copies/Photos of Original Receipt(s) or an Invoice is required.
* Payment will be made if sufficient monies available in the Team Fund account.
* Separate forms must be filled out for **each person reimbursed or vendor to be paid**
* Please allow 7-10 days for reimbursement to be mailed. Invoices/Online Purchases will be paid ASAP.

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| **Request for Team Fund Payment or Reimbursement** | | | | | |
| Sport/Team Fund:  Total Amount Requested: $ | | Date of Request: | | | Purchase Date: |
| Pay Invoice Directly or Make Online Purchase (Amazon preferred - see below)  Reimburse a Parent/Coach (check will be mailed or PayPal)  Multiple People (attach list for fundraiser winners) | | | | | |
| **If Pay by Check**  Check Payable To:  Mailing Address for Check: | | | | **If Reimburse via PayPal**  PayPal Address: | |
| Description of Expense And/Or Paste Links to Items to Purchase: | | | | | |
| **Expense Category**  If the total amount is for multiple purposes, please indicate the amount for each category.  Coach Development/Association Membership: $       *Dues or Training for HS & MS Coaches*  Equipment: $       *Equipment for use with the team (will be property of the Athletic. Dept)*  Fundraiser Expense: $       *Expenses for fundraisers to profit the Team Fund*  Player Development: $       *Specialized coaching/training, Camp related, Camp Coaches*  Team Gear/Uniforms: $       *Items to be worn/used by Players or Coaches (players/coaches will own)*  Snacks/Meals: $       *Meals & Drinks for Team and/or Coaches (no reimbursements for alcohol)*  Spirit Items: $       *Ranger branded merchandise to be sold to Fans/Parents to raise money for the Team Fund*  Transportation $       *Busing, ride share, etc*  Miscellaneous $       *Other Team fund expenses, Senior Night etc* | | | | | |
| **Team Fund Representatives -** Both Coach and Booster Rep must email with approval | | | | | |
|  | Name | | Telephone # | | |
| Coach |  | |  | | |
| Booster Rep |  | |  | | |
| **EMAIL YOUR REQUEST**  Save this completed form and attach it to an email with all Invoices/Receipts to [**TeamFunds@GoLakewood.org**](mailto:TeamFunds@GoLakewood.org)  Both Head Coach and Booster Rep must be cc’d / included in the email.  **Email approval from both Coach and Booster Rep must be made for payment to be processed.** | | | | | |