A picture containing drawing

Description automatically generatedLakewood Athletic Boosters

**Team Funds Payment Request Form**

* Copies/Photos of Original Receipt(s) or an Invoice is required
* Payment will only be disbursed if there are 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 5-7 days for reimbursement to be mailed. Invoices will be paid ASAP.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Request for Team Fund Payment** | | | | | |
| Date of Request: | | Date of Purchase/Invoice: | | | Pay Vendor Directly  Reimburse Parent/Coach  Multiple People\* |
| Team Fund: | | | Name of Requester: | | |
| Total Amount Requested: $ | | | Check Payable To:  \*For multiple checks (ie. fundraiser winners), attach list of **exact** names and amounts. All checks will be available for pick up and distribution. | | |
| Mailing Address for Check: | | | | | |
| Web Address to Pay Vendor Online: | | | | | |
| Description of Expense: | | | | | |
| **Purpose of Expense**  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*  Miscellaneous $       *Other Team fund expenses, Senior Night etc* | | | | | |
| **Team Representatives**  Both Coach and Team Parent must sign paper form or email approval | | | | | |
|  | Name | | | Telephone # | |
| Coach |  | | |  | |
| Parent Rep |  | | |  | |
| **SUBMIT YOUR REQUEST**  Save this completed form and email all Invoices/Receipts to [**TeamFunds@GoLakewood.org**](mailto:TeamFunds@GoLakewood.org)  Both Head Coach and Team Parent must be cc’d / included in the email.  **Email approval from both Coach and Team Parent must be made for payment to be processed.** | | | | | |