

Arlington High School Booster Club Request for Funds

The mission of the Arlington High School Booster Club (BC) is to support Arlington High School programs and encourage participation in academics, activities, arts, and athletics.

Please complete this form and return it to the Booster Club mailbox.

The BC Vice-President may contact you before the next BC meeting to clarify your request. It will be presented and voted on at the next monthly Booster Club Meeting.

Funding Requested: \$ _____ **Date Requested:** _____ **Date Funds Needed:** _____
(If your request is approved, a receipt will be required for reimbursement or an invoice if you require a direct payment to a vendor.)

Department Or Club: _____ **Requested By:** _____

Have You Checked For Availability Of Funds With Your Department/School? YES NO

I concur that no other departmental/school funds are available: _____
AHS Principal Signature

Make the Check Payable To: _____

Contact Person: _____

Contact Phone Number: _____ **Contact E-Mail Address:** _____

Program Description and Purpose of Funds: Please attach a separate sheet if necessary.

BOOSTER CLUB USE ONLY

Date Presented to Booster Club: _____

Date Paid _____ **Approved amount: \$** _____ **CK#** _____

Booster Club President's Signature: _____

Booster Club Treasurer's Signature: _____