

## Payment Request

Team/Club/Grant Name\*: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Team/Club: \_\_\_\_\_

Advisor/Coach Name: \_\_\_\_\_ Email: \_\_\_\_\_

*\*One team/club per form only, please do not combine***Expenditure Description:** \_\_\_\_\_**List Expenditures:** \_\_\_\_\_ \$ \_\_\_\_\_

(attach receipts) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_**Disbursement Instructions:****Payable To:** \_\_\_\_\_☐ **Reimbursement:** ☐ put in CHS staff mailbox ☐ Mail ☐ Other:☐ **Approved Grant:** ☐ put in CHS staff mailbox ☐ Mail ☐ Other:☐ **Pay Invoice:**Due date: \_\_\_\_\_ ☐ mail check to vendor Mailing Address: \_\_\_\_\_☐ return to requestor \_\_\_\_\_**Principal/AP Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**CHS Advisor/Coach Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**ASB/AD if requested:** \_\_\_\_\_ **Date:** \_\_\_\_\_

How To Submit: Email to **ClairemontHSF@gmail.com**, place in CHS Foundation mailbox in the CHS office or present in person\* at the monthly Foundation board meeting. Email us to be added to the meeting agenda.

**All Payment Requests are reviewed at the monthly board meeting.***For CHS Foundation Use Only:*

Date received/reviewed: \_\_\_\_\_ Date approved: \_\_\_\_\_ Amount paid \$ \_\_\_\_\_

Check #: \_\_\_\_\_ Check date: \_\_\_\_\_ Date disbursed: \_\_\_\_\_ Code: \_\_\_\_\_

Account: \_\_\_\_\_

Notes: \_\_\_\_\_