



Funds Disbursement Request

Please complete the following information to request a funds disbursement from your existing booster club account. All requests must be submitted in writing by using this form. Please allow ample time for your request to be processed as the person completing your request is a volunteer with this organization and cannot be expected to be available at a moments notice.

Requests may be made in person in conjunction with this form, or in writing only. It is the responsibility of the person making the request to complete this form. Forms may be returned to any CABC Director or the high school athletic director.

Date of request: _____

Person and organization making request: _____

Telephone number: _____ e-mail: _____

Funds Requested: Please state specifically what amount is being requested and the purpose for the funds. If you would like a check sent directly to a vendor, please provide a copy of the invoice that is requested to be paid.*

\$ _____

*Funds held by the Chelan Athletic Booster Club are subject to certain criteria for disbursement. By being a 501(c)3 organization we are restricted on what monies can be used for, we also have CABC Bylaws which restrict specific items being purchased.

For CABC use only:

Date: _____ Approved _____ Not approved* _____

Disbursement: Check # _____ Dated _____ Mailed _____ Hand Delivered _____