

Westmont Athletic Boosters Funding Request Form 2008-2009

Sport:	Coach:	E-Mail Address:	Telephone #:
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Priority ¹	Item Qty	Description	Vendor (Attach Quote) ²	Price Each	Sub-Total	Ship/Hand	Tax	Total	
¹ Priority: 1 = Need Now; 2 = We Wish We Could Have; 3 = Need Next Season								² Please Provide Supporting Documents (Estimates, Quotes, etc.)	TOTAL AMOUNT REQUESTED:

If you choose, please give a brief explanation of your team's needs listed above:

Does Your Team Fundraise? YES NO	Coach's Signature:	Date of Request:	Date Items Needed:
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FOR ATHLETIC BOOSTER USE ONLY

I Approve of this Request: YES NO	Athletic Director's Signature:	Athletic Boosters Meeting Date:	Outcome of Vote: Approved Declined	Amount of Approval:
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Item 1	Amount	Check #	Item 3	Amount	Check #	Item 5	Amount	Check #
Item 2	Amount	Check #	Item 4	Amount	Check #	Item 6	Amount	Check #

Comments: