



Funds Disbursement Request

Please complete the following information to request a funds disbursement from your existing booster club account. Please allow a minimum of 5 business days to receive funds.

Date of request: _____	
Team/Club Funds: _____	
Name: _____	Title/Role: _____
Phone Number: _____	E-mail Address : _____
Amount Requested: \$ _____	Direct Vendor Payment: <input type="checkbox"/> (please complete vendor section below)
Detailed Description of Purchase: _____	

Vendor Information (if applicable):	
Vendor Name: _____	
Vendor Address: _____	
Invoice Number (if applicable): _____	
Invoice Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No; please explain: _____	
If No, request may be delayed or denied.	

Forms can be submitted via email, mansonboosterclub@gmail.com, in person to the MBC Director or to the Athletic Director.

Please contact the MBC with any questions regarding this form or the disbursement process.

For MBC use only:		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved By: _____	Date Approved: _____
Conditions/Notes (if any): _____		
Disbursement Date: _____	Method of Delivery: <input type="checkbox"/> Mailed <input type="checkbox"/> Hand Delivered	Check #: _____