



DISBURSEMENT REQUEST FORM

Attention: Selena Bly, Treasurer
evhsboostertreasurer@gmail.com

509-995-0611

Date of Request: _____

Club/Sport Name: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

**Please check preferred method of communication: ☐ Text ☐ Phone ☐ Email

Purpose of Request: _____

Total dollar amount of request \$ _____ (please attach receipts/documents)

Check Payable to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

**Requests will be processed within 10 days, you will be notified based on selected method. Thank you!

_____ **Booster Treasurer USE ONLY** _____

☐ - Disbursement Approved – Check # _____

☐ - Disbursement NOT Approved – Reason: _____
