

Beresford Athletic Booster Club

Request for Funds Form

Date:

Individual or Group Requesting:

Reason for request:

Amount requested:

Date funds needed by:

Were funds requested or denied by the school:

What other entities have funds been requested:

Approved by Athletic Director: _____

Approved by Booster Club: _____

Date Paid: _____

Check Number: _____

Monies that are approved requests are reimbursable for only the requested expenses.

Monies that are approved **will expire** on a sunset date of **120 days** after Board approval.