

ATHLETIC TEAM PURCHASE REQUEST
FOR ITEM NOT BUDGETED

TEAM: _____ COACH _____

Item or Services: _____

Additional comments/description:

Cost \$ _____ (attach written estimate)

Funding sources:

Team fundraiser _____

Booster account _____

Other _____

Coaches Signature _____ date _____

Athletic Director Signature) _____ date _____

Athletic Booster approval _____ date _____

****Any request that is not a part of the yearly submitted budget must be approved with this form. The form needs to be completed and presented at a scheduled booster meeting. In the unusual circumstance that approval is necessary before a scheduled board meeting, please contact the Athletic Director or the President of the Boosters Club. (Susie Utley – 352-8112). Items must be approved in advance—before spending or purchasing occurs.**

Valley Athletic Boosters.