



Branham Sports Boosters (BSB)

Attn: Treasurer

1570 Branham Lane, San Jose, CA 95118

Email: treasurer@branhamsportsboosters.org

Website: branhamsportsboosters.org

Payment/Reimbursement Request

Instructions:

1. Reimbursement - Include only ORIGINAL, CLEAN receipts. (Receipts should ONLY contain reimbursable expenses if possible). If receipts contain other items, please indicate which items are reimbursable.
2. Payment – If a vendor requires direct payment, please include the invoice and mailing address for the vendor.
3. Payment Processing - Return this form and supporting receipts or invoices to the Sports Boosters’ folder located in the school office. Payments are process twice a month.
4. Deadlines – All Requests are **NET 45**. Requests must be submitted within 45 days of purchase to be reimbursed.
5. Due Dates – Please indicate the date payment is due. Please allow a minimum of 14 DAYS for processing.
6. Disbursement – Please indicate where the payment/reimbursement should be left when complete. Payments can be mailed or requestors can pick up payment from the Sports Boosters’ folder in the school office.
7. Signatures/Approvals – All Requests are subject to Sports Boosters’ Executive Board and/or Athletic Director’s approval. Signatures indicate you approve expenditures and they are within your budget guidelines. Any unapproved expenditure or expenditure over the approved budget will NOT be reimbursed.

Requestor: _____ **Sport:** _____

Email: _____ **Date:** _____

Payable To: _____ **Date Due:** _____

Address: _____

Check payable to: _____ Requestor OR _____ Vendor

Check should be: _____ Left in Mailbox OR _____ Mailed to Address Above
(Requestor will pick up)

Program/Event Name _____
(Please submit a separate request form for each Program/Event)

Amount requested \$: _____ **Reason for Check:** _____

1st Signature – Requestor _____

2nd Signature - Approver _____

For Treasurer Use Only			
Date Rec'd:	_____	Date Pd:	_____
Amount:	_____	Check #:	_____
	_____	Input:	_____