



# Bulldog Athletic Boosters of Ravenna Money Request Form



Your Name \_\_\_\_\_

Group Requesting Funds: \_\_\_\_\_

- Organization Current Account Balance: \_\_\_\_\_

Level (Varsity, Middle School, etc): \_\_\_\_\_

Contact Information:

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Item(s) Requesting Funds for: \_\_\_\_\_

\_\_\_\_\_

Date Money Needed: \_\_\_\_\_

Estimated Amount of Request: \_\_\_\_\_

Name of Vendor: \_\_\_\_\_

Other Vendor's you have checked and prices: \_\_\_\_\_

\_\_\_\_\_

- Please request in advance because response may be delayed due to only monthly meetings. Meetings are held the 3rd Monday of each month.
- Requests may be approved in full or in part, depending on volunteer time, amount requested, etc.
- This form is for the approval of funds only
- Please submit an invoice for disbursement of funds.

Amount Approved: \_\_\_\_\_

Approved by: **Bulldog Athletic Boosters of Ravenna**

Date of approval: \_\_\_\_\_

Board Signature(s): \_\_\_\_\_

President

\_\_\_\_\_

Vice President

\_\_\_\_\_

Treasurer

\_\_\_\_\_

Athletic Director Signature