

Mt. Angel Booster Club
Mt. Angel, OR
Funds Request Form

Date _____

Vendor _____

Amount _____

Description of Item _____

Amount Requested _____

Amount this group is contributing _____

Total Cost _____

Signature of Requestor _____

Signature of building A.D. _____

Signature of Principal _____

For Booster Club use only

Check No. _____

Date Check Issued _____

Signature _____

Note: Attach copy of check and receipt