

Clear Lake High School Baseball Booster Club  
Disbursement Request Form

Date: \_\_\_\_\_

Pay to the order of: \_\_\_\_\_

Address (only if check is to be  
mailed): \_\_\_\_\_

Purpose of  
reimbursement/payment: \_\_\_\_\_

Total Requested (\$\$): \$ \_\_\_\_\_

**All requests must be supported by receipts. Please staple or tape receipts to another sheet of paper that should be attached to this request.**

***No disbursement will be made without proper documentation.***

Requested by: \_\_\_\_\_

Approved by (Authorized bank  
signer for club): \_\_\_\_\_

Approved by (signature): \_\_\_\_\_

**Second Authorization (required for requests over \$250.00.)**

Second Authorization (printed  
name): \_\_\_\_\_

Second Authorization  
(signature): \_\_\_\_\_

**To be completed by Treasurer:**

Paid by (circle one):    CHECK    BOOSTER DEBIT CARD

Check number: \_\_\_\_\_ Check Amount: \_\_\_\_\_ Check Date: \_\_\_\_\_

Budget Account: \_\_\_\_\_ Amount: \_\_\_\_\_

Budget Account: \_\_\_\_\_ Amount: \_\_\_\_\_

Budget Account: \_\_\_\_\_ Amount: \_\_\_\_\_

Budget Account: \_\_\_\_\_ Amount: \_\_\_\_\_

Budget Account: \_\_\_\_\_ Amount: \_\_\_\_\_