SOQUEL HIGH FUND
EXPENDITURE REQUEST FORM

DATE:_____ **AMOUNT:**_____

GROUP: _____ **ID#** _____

CONTACT NAME: _____ **PHONE#** _____

Expenditure Purpose:

_____

_____

- Receipt/Invoice Attached?
- Should the check be mailed or will it be picked up at SHS?
- Do you have authorized signatures attached from your group?
- If this is a personnel expense, before we can process, we need:
  - Employee name: _____
  - Address: _____
  - _____
  - Phone: ( ) _____
  - SSN or EIN: _____

❍ Pick Up at SHS in office ❍ Mail reimbursement/payment to addressee:

Payable To: _____
Address: _____
_____
Phone #: ( ) _____

Required Signatures:

Staff/Coach Rep: _____ _____ _____
Print name **Signature** **Date**

Group Rep: _____ _____ _____
Print name **Signature** **Date**

Soquel High Fund Treasurer Approval:_____

For Soquel High Fund use only:

- Form filled out? Y __ N __
- Request authorized properly? Y __ N__
- Receipt attached? Y __ N ___

Date Paid: _____
Check #: _____
Amount: _____