



**Alameda High School Athletic Boosters
Award Request Form**

Team: _____ Date of Request: _____

Team contact for request: _____ Contact email: _____

Total amount of this request: \$ _____

Purpose of this request: _____

Send check to: Team Parent / Coach / Athletic Director / District Office / Alameda High

Make Check Payable To: _____

Address: _____ Zip: _____

Attach **original** quotes/invoices. Include an additional remittance copy of invoice.

AHS BOOSTERS ONLY:

Request approved: _____ yes _____ no

Request approved for 50% of Award: _____ yes _____ no

Total Amount of Award Approved: _____

If approved, Boosters will only pay out award for the approved dollar amount. Terms of award are listed below:

If request is not approved, reason is stated below:

Disbursed by: _____ Title: _____

Date: _____ Check No: _____

Date Request Received: _____ Date Of Reimbursement: _____