



# AWARD REQUEST FORM

**Sport:**

**Date:**

**Person Requesting:**

**Amount:**

**Email Address:**

**Send check to:**

Team Parent

Athletic Director

Alameda High

Coach

District Office

Vendor

**Payment information:**

Payable to:

Address:

**Purpose of this request (brief explanation):**

*Attach original quotes/invoices. No vendor payments will be made without a current W9 form on file. Please request from the vendor prior to requesting payment.*

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## AHS BOOSTERS ONLY

**Request approved:**

**% approved:**

**Amount approved:**

Yes

100%

*Boosters will only pay out award for approved dollar amount.*

No

50%

**Terms of award:**

*If request is not approved, reason is stated below:*