

OXFORD HIGH SCHOOL BOOSTER CLUB

"Boosting Spirits, Building Success"

REQUEST TO EXPEND ORGANIZATIONAL FUNDS

Advisory Committee _____

Advisory Committee Chairperson _____

Make check payable to? (Name): _____

Where shall check be sent? (Address): _____

(A receipt for purchases or an invoice MUST be sent with form)

Dollar Amount Requested: \$ _____

Purpose of Expending Funds: _____

Is check associated with a fundraiser (CIRCLE)? YES / NO

If so, has deposit for the fundraiser already been submitted (CIRCLE)? YES / NO

Also if so, what fundraiser that the Expenses are related to: _____

Additional Information: _____

PLEASE NOTE: Submit form to Executive Committee, Treasurer
(Keri King: 203-209-6968 or ohsbctreasurer@yahoo.com)

ALL DEPOSITS FOR THIS FUNDRAISER MUST BE SUBMITTED BEFORE THIS WILL BE PAID

FOR TREASURER ONLY

| |
|--|
| Receipt submitted: _____ |
| Advisory spreadsheet: _____ |
| Quicken Entry: _____ |
| Treasurer's Report: _____ |
| Check# _____ DATE: _____ |

Form #: 080311B – March 2018

61 Quaker Farms Road, Oxford, CT 06478

203-888-2468

www.OHSboosterclub.com