

Westlake Demons Athletic Boosters Request for Payment

Original receipts or invoices must be stapled to this form and detailed below.

Requested by:
Name: _____
Address: _____
Phone: _____
E-mail: _____

Check one:
<input type="checkbox"/> Will be picked-up at the next meeting
<input type="checkbox"/> Should be mailed in the attached self-address stamped envelope

Payable to: (if different than requested by)

Team/Committee/Event Name: _____

Place of Purchase: (Please list each receipt separately)	Items Purchased: (Please list)	Amount: (minus sales tax)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
IRS Tax Exempt Number: 23-7405721	Receipt Total:	\$
Please Note: Sales Tax cannot be reimbursed. Use the Blanket Exemption Certificate when making purchases to avoid paying tax.	Total Due to Requestor:	\$

Signature of Requestor: _____ Date: _____

Treasurer Use Only	
Total Team/Committee/Event Budget: _____	Budget used including this payment: _____
Budget used to date: _____	Budget Amount Remaining: _____
Check #: _____ Date: _____	Account Posted to: _____
Signature of Treasurer: _____	

WDAB - Attn: Treasurer
P.O. Box 45236
Westlake, OH 44145