

**TURPIN ATHLETIC BOOSTERS
PAYMENT REQUEST FORM**

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DATE: _____, _____

PAY TO THE ORDER OF: _____

ATTENTION: _____

STREET ADDRESS: _____

CITY, STATE, ZIP _____

TELEPHONE: _____

E.I.N. OR S.S.N: _____

PAYMENT AMOUNT: _____

REASON FOR PAYMENT: _____

BOYS TEAMS:	GIRLS TEAMS:	CO-ED TEAMS:	ATHLETIC DIRECTOR:
Baseball Custodial	Basketball Girls Custodial	Bowling Custodial	Athletic Director Custodial
Basketball Boys Custodial	Cheerleaders Custodial	Quiz Team Custodial	Athletic Director Monthly
Cross Country Boys Custodial	Cross Country Girls Custodial	Swimming Custodial	Capital Improvement Account
Football Custodial	Dance Team Custodial		
Golf Boys Custodial	Golf Girls Custodial	PARENTS:	
Lacrosse Boys Custodial	Gymnastics Custodial	Basketball Parents	Other: _____
Soccer Boys Custodial	Lacrosse Girls Custodial	Football Parents	
Tennis Boys Custodial	Soccer Girls Custodial	Swimming Parents	
Track Boys Custodial	Softball Custodial		Spartan-Rama
Wrestling Custodial	Tennis Girls Custodial		
	Track Girls Custodial		
	Volleyball Custodial		

APPROVAL:

_____ Athletic Director's Signature	_____ Head Coach Signature	_____ TAB Team Representative
_____ TAB President	_____ TAB Officer	

Notes:

1. All payments mailed to Payee directly from bank. Therefore, mailing address is required.
2. TAB is required to issue 1099's. Tax ID is required.
3. Telephone number required to resolve payment issues quickly.
4. TAB Account must be identified.
5. Approval by authorized person only - Athletic Director, Head Coach, or TAB Team Representative.
6. Reason listed will appear in financial reports.
7. Supporting documentation should be attached - invoice, bill, receipt, etc.