



**Bridgewater-Raritan Regional H.S.
Panther Athletic Club
2020-21
Payment/Check Request Form**



Date: _____

Amount Requested: _____

Description of Expense or Event: _____

Team (if applicable): _____

Check Payable to: _____

Address: _____
(if being mailed)

Instructions for check delivery: _____
(Mailed directly to vendor, given to AD, left in school mailbox, etc.)

Requested by: _____
(Please include your name & phone number)

Payment requests and supporting receipts/invoices may be left in the Athletic Club mailbox in the Main Office. However, scanned and emailed submissions would be preferred. Questions and documents can be directed to the Athletic Club Treasurer, Christine Pastor, 908-938-2363, cmpastor@aol.com.

Itemized Expenses: *(Please include all receipts and or invoices)*

- 1.
- 2.
- 3.
- 4.

Treasurer's use only:	
Budget Line item _____	
Payment Date _____	Check No. _____