Auburn Mountainview Booster Club

Transfer to ASB Form

Please attach your receipts to this form for purchases made and fill out top part of the form below. **Purchases for reimbursement should be on separate receipts from personal purchases.** **** AMBC purchases, reimbursements, and fund transfers must be approved by the designated Parent Rep for your group and must comply with all applicable BC finance rules. ****

Name:_____ Committee/Group: _____

Email: _____Phone #: _____ Date: _____

Explanation of Transfer	Amount	Committee/Event
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount of Requested Transfer: $_____

ASB Account number: _____

**** Is the coach/advisor/teacher/staff member -AND- the designated parent rep of this group/activity/committee active Booster Club members?*** *This request will be denied if answered no. Two Booster Club signatures as well as above mentioned memberships are a requirement to access Booster Club funds. **

Signature of person submitting bill: _____

2nd Parent Rep/Coach/Advisor/Staff, print name: _____ Date: _____

Signature: _____ Email: _____ Phone #: _____

For Treasurer's Use Only

Check made payable to: AMHS

Check # _____ Check Amount $: _____

Date Received / Issued / Bookkeeper Receipt_____/_____/ _____

Committee/Account Charge	Amount
_____	_____
_____	_____
_____	_____

Treasurer's signature: _____