



**Cinco Ranch FFA Booster Club  
Payment Request Form**

Please complete Part A and submit with receipts for reimbursement of items purchased on behalf of CRFFA Booster Club.

**Part A**

Date	Item	Cost (excluding sales tax)
	<b>TOTAL</b>	

Payable to: .....

Address: .....  
.....

Email address: .....

Contact number: .....

Claimant Signature: .....

**Part B (For Booster Club use only)**

Check one

- Pre-approved Budget Expenditure      Line item .....
- Expense under \$100 approved by President per Bylaws
- Approved by Board Vote on (date) ..... (method) .....

Approval Signature: ..... Date: .....

FOR TREASURER ONLY      Date Paid:      Check Number: