

Space Coast Crew Boosters, Inc.  
Payment Request Form

(Note: most purchases require prior Board of Directors approval except as stated below\*)

Name of Requestor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pay to the Order of: \_\_\_\_\_

Payee Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Amount Requested: \$ \_\_\_\_\_  
(attach receipts to this form)

Purpose/Justification: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Board Approval Date: \_\_\_\_\_

\*Members of the Board of Directors, Board appointed Committee Chairperson, and the Coaches are authorized to make small purchases without prior Board approval. Such purchases shall not exceed \$20.00 at any one time and shall not exceed \$100.00 during the fiscal year. Reimbursement of all other purchases made without prior Board approval will be considered for possible payment on a case-by-case basis.

Payment Date: \_\_\_\_\_

*FOR ACCOUNTING USE ONLY:*

CHECK NO. \_\_\_\_\_ or ELECTRONIC DISTRIBUTION NO. \_\_\_\_\_

DATE: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

CATEGORY \_\_\_\_\_