

VSAA ARTS BOOSTER CLUB

Vancouver School of Arts and Academics 3101 Main St. Vancouver, WA 98663

DISBURSEMENT REQUEST

***Please return this form to the Booster Club mailbox in Gallery office or give directly to Treasurer. ***

Submi	itted by (Print Name)	Date:
EMAIL		Group/Club:
PHON	IE:	*Event/Activity/Service:
PURI	POSE/DETAILS:	
ORIG		OICES MUST BE ATTACHED. (TAPE LOOSE RECEIPTS ON BACK) lirectly to vendor is preferred form of payment.)
	,	e contact info./payment instructions are on attached invoice)
	Pay be Check Payment	to be made to:
	Deliver Check Via: (CHO	(if different than submitted by) OSE ONE)
	I will pick up check.	☐ Directly from Treasurer ☐ School Office
	Specific location:	SEE ATTACHED INVOICE or
	Mail check to: Name Address City/State/Zip:	Phone
	TEACHE	R/ADVISOR AUTHORIZATION REQUIRED
Teac Teac	her/Advisor (Print Name/Sig her/Advisor Phone & Email:	or attach email w/ authorization (if different than submitted by)
		TREASURER USE ONLY: Entered into MoneyMinder Initials: Date Issued:

Email: vsaaartsbooster@gmail.com