



Bulldog Athletic Boosters of Ravenna Money Request Form



Your Name _____

Group Requesting Funds: _____

- Organization Current Account Balance: _____

Level (Varsity, Middle School, etc): _____

Contact Information:

Phone Number: _____

Email: _____

Item(s) Requesting Funds for: _____

Date Money Needed: _____

Estimated Amount of Request: _____

Name of Vendor: _____

Other Vendor's you have checked and prices: _____

- Please request in advance because response may be delayed due to only monthly meetings. Meetings are held the 3rd Monday of each month.
- Requests may be approved in full or in part, depending on volunteer time, amount requested, etc.
- This form is for the approval of funds only
- Please submit an invoice for disbursement of funds.

Amount Approved: _____

Approved by: **Bulldog Athletic Boosters of Ravenna**

Date of approval: _____

Board Signature(s): _____

President

Vice President

Treasurer

Athletic Director Signature