

**ST. HUGO BOOSTER CLUB
REQUEST FORM**

___ REQUEST TO PURCHASE

___ CHECK REQUEST

___ DEPOSIT

DATE: _____

REQUESTOR: _____

PAYMENT TO:

NAME: _____

ADDRESS: _____

PHONE: _____

PURPOSE: _____

BENEFIT/ACTIVITY:

COST/TOTAL DEPOSIT: _____

APPROVAL: _____

(APPROVAL NEEDED IF COST IS > \$1,000)

CASH \$ _____

CHECKS \$ _____

IS THIS A REPLACEMENT OF OLD ITEMS:

Y/N

**IF YES, PLACEMENT OF OLD EQUIPMENT
(RECEIPT REQUIRED IF DONATED)**

SUBMIT TO: STEVE SENEKER