



**Vanden Viking Boosters**  
 607 Elmira Road, # 240  
 Vacaville, CA 95687

**2021-2022**

**Executive Booster Board**

**Kimberly Moore**, President  
**Carmelita Williams**, Treasurer  
**Mary Glenn**, Secretary

## Vanden High School Booster Club Request for Check or Credit Card Payment

Request Date: \_\_\_\_\_ Check Amount Requested: \_\_\_\_\_

Credit Card Amount Requested: \_\_\_\_\_

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

c/o (if necessary) \_\_\_\_\_

Street: \_\_\_\_\_

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

Description (please attach receipts/invoices/official quotes):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Requesting  
 Organization: \_\_\_\_\_

Authorizing  
 Approval/Signature\*: \_\_\_\_\_

- This needs to be the signature of the head of organization/advisor

**\*\*\*\*\* Booster Club Use Only\*\*\*\*\***

Date Released	
Check #	
Credit Card Transaction Date/Approval Code:	
Amount:	