



**Wickenburg Athletic Boosters  
Request to Purchase Item**



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

Name of Person making request: \_\_\_\_\_

Athletic Program affiliated with: \_\_\_\_\_

Item requested: \_\_\_\_\_

Approximate cost of item: \_\_\_\_\_ (not to exceed)

How item will be used for athletic program: \_\_\_\_\_

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

Date received by WAB: \_\_\_\_\_

Approved: \_\_\_\_\_

Actual Amount: \_\_\_\_\_

Reimbursement given: To: \_\_\_\_\_/Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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

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Once approval is given by the Wickenburg Athletic Boosters (WAB) board, a receipt will be need to be turned in to the WAB in order to receive reimbursement. The item becomes the property of the Wickenburg Athletic Boosters and must be surrendered upon request.