

MECHANICSBURG LACROSSE BOOSTER CLUB (MLBC)



FUNDS REQUEST FORM

SEND CHECK TO:

NAME: _____

ADDRESS: _____

TOTAL: _____ **NOTE: ORIGINAL RECEIPTS MUST BE ATTACHED**

FUNDS REQUESTED FOR: _____

SIGNATURE: _____

PHONE: _____ **EMAIL:** _____

TREASURER UPDATED INFORMATION:

DATE: _____ **VOUCHER #:** _____

CHECK MADE OUT TO: _____

**MASD REQUIRES ORIGINAL RECEIPTS FOR PAYMENTS OF INVOICES.
PLEASE SEND TO THE TREASURER WITHIN 30 DAYS. THANK-YOU!**

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