

Madera Coyotes Boosters  
P.O. Box 1271  
Madera, CA 93639

**REQUEST FOR PAYMENT**

Name of Booster Club: \_\_\_\_\_ Date: \_\_\_\_\_

Requested By: \_\_\_\_\_

Athletic Director's Signature: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Reason For Request: \_\_\_\_\_  
\_\_\_\_\_

Amount \$ \_\_\_\_\_

Special Handling/Request if Necessary: \_\_\_\_\_  
\_\_\_\_\_

***NOTE: Receipts must be attached***

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**For office use ONLY**

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

Check Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Receipt/s attached:  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_