

ACCOUNTING MEMORANDUM

TO: Julie Boonstra, Financial Secretary DATE: _____

FROM: Rachel (Keyes) Foley Volleyball Booster Club
Teacher/Sponsor/Principal Department/Club or Organization

TOPIC: (check one) Please Pay Please Refund Please Transfer

PAY/REFUND \$ _____ To: _____ Account Number: _____
Address: _____ *SS#: _____
Reason: _____

Date Check Needed: _____
*Social Security Number-Needed if an individual performs a contracted service for the school.

TRANSFER \$ _____ To: _____ Account Number: _____
From: _____ Account Number: _____
Reason: _____

APPROVALS: _____
Club or Organization Officer Club or Organization Treasurer

Receipts must be attached.