



**ATHLETIC OFFICIAL & NON SBBC EMPLOYEE
PAYMENT REQUEST FORM**

School Name Event
 Opponent Event Date

Name (First, Last)	Vendor ID	Event Fee	Travel Fee	Amount	Signature
John, Doe	170000	63.00	N/A	63.00	<i>John Doe</i>
John, Doe	170000	81.00	N/A	81.00	<i>John Doe</i>

Report Total = \$ 144.00

I have reviewed and approved all payments noted on this form. I am aware that I will send this form to Athletics & Student Activities who will process payments in accordance with The School Board of Broward County Policies and Procedures. EMAIL FORM TO: bcpsathletics@browardschools.com

Athletic Director/Asst. AD (print) _____
Date

Athletic Director/Asst. AD (signature)