



# South Garner High School Titans Booster Club

8228 Hebron Church Rd. Garner NC, 27529

## DEBIT CARD REQUEST FORM

**PRINCIPAL**

**KEITH FAISON**

**ATHLETIC DIRECTOR**

**CRYSTAL MASSENBURG**

**CEMASSENBURG@WCPSS.NET**

**PRESIDENT**

**TREVIN MUSE**

**VICE PRESIDENT**

**CODY HEAPS**

**TREASURER**

**ERSKINE BROOKS**

**SECRETARY**

**CHARISSE DUDLEY**

**PARLIMENTARIAN**

**KATRICE JONES**

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Amount \_\_\_\_\_

Account Requested From  Individual Account \_\_\_\_\_

General Account

Description/Purpose of \_\_\_\_\_

Funds \_\_\_\_\_

Coach Signature \_\_\_\_\_

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

TBC Treasurer Signature \_\_\_\_\_

TBC President Signature \_\_\_\_\_

**Instructions:**

1. Staple receipts or invoices to back of this form.
2. Submit this form to **Athletic Director**.
3. If expense is not approved within budget, Board vote is required before payment.

Received by Booster on \_\_\_\_\_

Funds Disbursed on \_\_\_\_\_

Transaction # \_\_\_\_\_