

**Home School Athletic Association**  
**Pre-Authorization / Reimbursement Request Form**

{Please Attach Receipts}

Date of Request: \_\_\_\_\_  
Submitted By: \_\_\_\_\_  
Amount Requested: \_\_\_\_\_  
Approved Budget Expenditure: Yes \_\_\_\_\_ No \_\_\_\_\_

<b>Mail To:</b> Mona Schultz 4524 Waterford Dr. Plano, TX 75024
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**Description of Expenditure:** \_\_\_\_\_

**Class Allocation: (Check Only One OR Allocate \$\$ Amounts if Multiple Classes)**

_____ Baseball 7 <sup>th</sup> Grade	_____ Basketball Varsity Boys	_____ THSSBC BB Tourney
_____ Baseball 8 <sup>th</sup> Grade	_____ Basketball Varsity Girls	_____ Track Middle School
_____ Baseball JV	_____ Cheerleading/Pep Squad	_____ Track High School
_____ Baseball Varsity	_____ Cross-Country	_____ Volleyball Middle School
_____ Basketball 7 <sup>th</sup> Boys	_____ Football Middle School	_____ Volleyball High School
_____ Basketball 7 <sup>th</sup> Girls	_____ Football Varsity/JV	_____ Champions
_____ Basketball 8 <sup>th</sup> Boys	_____ Soccer JV Girls	_____ Spring Banquet
_____ Basketball 8 <sup>th</sup> Girls	_____ Soccer Varsity Girls	_____ Letter Jacket
_____ Basketball JV/9th Boys	_____ Soccer JV Boys	_____ Administration
_____ Basketball JV/9th Girls	_____ Soccer Varsity Boys	_____ Other (Explain)

Allocation Comment: \_\_\_\_\_

**Expense Category: (Check Only One OR Allocate \$\$ Amounts if Multiple Categories)**

_____ Facility Expense	_____ Umpires / Referees	_____ Awards / Recog / Gifts
_____ Training Fees	_____ Entrance Fees	_____ Fundraiser Expense
_____ Uniform Expense	_____ National Tournament Fee	_____ Coach Clinics/Training
_____ Uniform – Practice/Caps	_____ National Tourn Travel/Other	_____ Miscellaneous
_____ Uniform – Rental	_____ Coach Salaries	
_____ Equipment	_____ Spirit Wear / Spirit Gear	

Expense Category Comment: \_\_\_\_\_

**PRE-AUTHORIZATION TO PURCHASE**

_____	_____	_____	_____
Sport Commissioner	Date	Treasurer	Date

**AUTHORIZATION TO PAY**

(Amounts in Excess of \$3,000 Need the Approval of the Treasurer)

Payee: \_\_\_\_\_

Payee Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount Paid: _____ Check Number: _____ Loaded To QuickBooks: _____
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_____	_____	_____	_____
Sport Commissioner	Date	Treasurer	Date