

Student Billing Request

(To be completed by coach and summitted to AD for approval.)

Date Submitted: (Coach:		Sport:
Name of Student to be billed: (If multiple students, please attach spreadsh	neet.)		Grade:
List specific expense items and cos	sts (clothing, g	ear, travel, food, etc.):	
Item(s):			Cost(\$):
	Total to be	billed to this student:	\$
How was parent/guardian notified In Person Email Signed Parent Handout Phone Other:	t		
Date parent was notified:			
Coach Signature:		Date: _	
A.D. Signature:		Date: _	
	(For Athletic D	Director use:)	
Deposit in Project Code:			
Revenue assigned to Acc	ount #·		