

**LEESVILLE ROAD HIGH SCHOOL PRIDE ATHLETIC CLUB (PAC)
FUNDS and/or REIMBURSEMENT REQUEST FORM**

TEAM: _____
 HEAD COACH REQUESTING FUNDS: _____
 DATE: _____
 PHONE: _____

Funds requested from (check one):

Team Savings
(Funds fully accessible and earned through Fundraising, Concessions, Camps, or Donations)

OR

PAC Capital Fund
(Funds require a Board Vote and come from PAC funds.)

DESCRIPTION OF NEED: _____

TEAM COACH SIGNATURE: _____

ATHLETIC DIRECTOR SIGNATURE: _____

PAC PRESIDENT SIGNATURE: _____

PAC TREASURER SIGNATURE: _____

FUNDS REQUEST PROCESS:

1. Complete this Funds Request Form and obtain signature from Head Coach prior to submittal to Athletic Director (AD).
2. Before spending, submit this completed form with quote/invoice to Athletic Director for signature.
3. IF seeking reimbursement after purchase, please submit completed form with AD Signature and quote/invoice/receipt to PAC Treasurer, but post purchase funds transfers are not guaranteed since expenses require AD approval prior to purchase.
4. IF Funds Request is coming from Team Savings then this form, AD signature, quote/invoice/receipts, and PAC Treasurer signature are simply a financial tracking method for PAC.
5. IF Funds Requested are to be from PAC Capital Funds and/or exceed Team Savings, then PAC Board approval is required. The proposed expense will be presented to the PAC Board at the next monthly meeting following the submission of this form with AD signature.
6. PAC Board review and approval will be based upon the number of rostered players on team with PAC Memberships, participation in Fundraising, Camps, Community Clean-UP Days, and PAC Sponsored Events, ie, how well has the Team participated in PAC and contributed to the Leesville Athletic Community. This quantitative review along with the student-athlete/funding ratio will determine priority status of Funds Requests.
7. For questions, Please contact PAC Board Treasurers regarding funds. If any other questions please contact AD or any other PAC Board Member for help. (See contact information on right side of this form.)

ALL FUNDS TRANSFERS FROM PAC REQUIRE HEAD COACH APPROVAL AND SIGNATURE, AD SIGNATURE, PAC PRESIDENT(S) & TREASURER(S) SIGNATURES, AND QUOTE/INVOICE SUBMITTALS WITH THIS FORM.

***PLEASE ARRANGE CHECK PICKUP OR FUNDS TRANSFER WITH TREASURER.**

TREASURER ONLY:	
Initial PAC Team Funds Balance: _____	# of Memberships: _____
Amount Released: _____	# of Rostered Players: _____
Remaining PAC Team Funds Balance: _____	Sponsorships/Fundraising: _____
Method of Funds Transfer: _____	Concessions: _____
Check No. _____	Camps: _____
Transfer Date: _____	Clean-Up Days' Attendance: _____



**LEESVILLE ROAD HIGH SCHOOL
PRIDE ATHLETIC CLUB
PAC**

8410 PRIDE WAY
 RALEIGH, NC 27613

2023-2024

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ATHLETIC DIRECTOR
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A Charitable 501(c)(3) Organization
 Supporting Leesville Athletics

TAX ID: EIN 56-1831548

****Participation in Fundraising, Concessions, Camps, and Donations are ways to financially contribute to the PAC Team Savings that are held for each team.**