



**Mariner Marauder Booster Club
Sub-Club Pre-Purchase Authorization Form**

Due No Later Than 2 Weeks Prior To Requested Purchase Date

Form Required for Purchases Over \$300.00

MMBC Sub-Club Name: _____

Sub-Club Coach/Advisor Name: _____

Sub-Club Coach/Advisor Email: _____ Phone: _____

Parent Representative Name: _____

Parent Representative Email: _____ Phone: _____

Vendor/Business Name	Description of items	Quantity	Cost

PLEASE ATTACH VENDOR QUOTE IF POSSIBLE

Vendor/Business Name: _____

Vendor Contact Name: _____

Vendor Email: _____ Vendor Phone: _____

Does this purchase require a MMBC Credit Application? Yes No

What funding source will be used to purchase the items? _____

Do you need any special MMBC Board Support? Yes No If yes, explain: _____

Any additional information you would like to provide? _____

Executive Board Member Use Only - (Two Signatures Required)

Executive Board President Printed Name: _____

Executive Board President Signature: _____ Date: _____

Secondary Executive Board Member Printed Name: _____ Title: _____

Secondary Executive Board Signature: _____ Date: _____

MMBC Executive Board Approved MMBC Executive Board Denied

Denial Reason Explanation: _____