



CHECK REQUEST FORM

Date of Request: _____

Payable to: _____

Amount of check: _____

Mail to: _____

Sport or Booster Club Account: _____

Approval:

Authorized Signatures: _____

Athletic Specialist, Principal or Booster President

Check Issued by: _____

Check # _____ Date: _____

Check given to: _____

Check mailed to: _____

Please complete this form, attach all receipts/invoices, obtain required signatures and submit to the Booster Treasurer for payment

Forms can be left in the Booster Club mailbox located in the main office of the school. Please allow 2 weeks for processing.

