Central Academy Band Boosters, Inc.

CHECK REQUEST FORM

Date: ______________________

Committee: _____Marching Camp _____Hospitality
_____Banquet _____Fundraising
_____Transportation _____Uniform
_____Other

Name of person requesting check: ____________________

Phone/Email of person requesting check: ___________________________________

Purpose of expenditure: ____

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TOTAL Reimbursement Amount: $_____________

RECIPIENT of reimbursement check: ______________________________________

ADDRESS where check should be mailed:

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Please ATTACH all pertinent receipts, invoices, order forms, etc. and submit this form to the acting Band Booster treasurer.

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For Booster Treasurer Use:

Check Number: ________________ Date Paid: _________________

Notes: ____