

WSHS Band Boosters

# Check Request

Advance (attach written explanation)

Reimbursement (attach receipts)

Payment (attach invoice)

Check amount \$ \_\_\_\_\_ Purpose \_\_\_\_\_

Check payee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Comments \_\_\_\_\_

Check request must be approved by either WSHS Booster President or Treasurer

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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## FOR TREASURER'S USE ONLY

Check Number \_\_\_\_\_ Date \_\_\_\_\_

Amount \_\_\_\_\_ Payee \_\_\_\_\_

Invoice Number \_\_\_\_\_