

Booster Check Request

Date:

Requestor:

Group:

Fund-Raising Expense

Program Expense

Amount:

Make Check Payable to:

Address:

City:

State:

Zip:

Phone Number:

Reason for check:

Mail Put in my box. Put in _____ box

Date needed by:

Authorized By (write your name):

Signature:

Date:

Authorized Signature to authorize check disbursement

**Please attach all original invoices and receipts
Supporting documents must be attached. One request per check.**