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CHECK REQUEST FORM

PLEASE PRINT NEATLY OR COMPLETE ELECTRONICALLY

Requested By:		Date: (MM/DD/YYYY)	
Check Made Payable To:			
Items/Services:			
Date	Description	Amount	
Total Amount of Check:			
Special Instructions			
Band Director Approval		Date	
Treasurer Approval		Date	

(Treasurer's Use Only)

Paid: \$ _____ Date: _____ Check #: _____ Initials: _____

Please attach a copy of your receipt or original invoice if requesting reimbursement or direct payment.