AHS Band Boosters Association
Check Request Form

Check Payable To		**Address**	
Phone Number			

Distribution of check: ☐ Hand deliver check

(check one) ☐ Mail check to the above address

Purpose of Check (Be specific - Complete all applicable information):

Reimbursement Item	**Cost**	**Vendor**
Total	$	

Receipts Attached? ☐ **Yes** ☐ **No**

Authorizations

Requestor - Please Print	Signature	Date
Board Approval - Please Print	Signature	Date
	Signature	Date

For Accounting Use Only

Invoice Number: _____ Vendor ID _____

Cost Center: _____

Period to Post: _____

Account	Amount
Total	

Check Number
Check Date
Check Amount