

SOUTH FORSYTH HIGH SCHOOL BAND BOOSTERS, INC.

CHECK REQUEST FORM

REQUESTER FILLS OUT THIS SECTION

Date of Request _____

Person Requesting _____

Requester's email _____

Make Check Payable to _____

Amount of Check \$ _____

Expenditure Purpose

Signature of Requester _____

NOTE: Please attached copy of the receipt(s) to this form. Approval must be obtained on all purchases and failure to obtain approval may result in purchaser having to incur the expenses.

Approval _____ *Date* _____

FOR TREASURER'S USE ONLY

DATE ISSUED _____ CHECK NUMBER _____

CHARGE TO WHAT BUDGET ITEM _____

DATE ENTERED _____

COMMENTS

