



Girls Lacrosse Boosters CHECK REQUEST FORM

ATTACH ALL ORIGINAL RECEIPTS "TAPED" TO A BLANK 8 1/2 X 11 PAPER

Date of Request: _____ Date Needed: _____

*Requested by: _____
(Print Name)

Please specify where to apply all expenses

Please refer to the most current budget detail from most recent booster meeting.
This form requires approval from the booster chair person of the applicable budget line#.

Budget Line #	Purpose or Description	TOTAL
		\$
		\$
		\$
		\$
		\$
		\$
	AMOUNT REQUESTED:	\$

Note: All budgeted expenses will be processed within three days of receipt to confirm that budget goals are being met to fund this expense. For an expense that is not budgeted, a budget amendment must be approved by the Beckman Girls Lacrosse Boosters (upon approval, payment will be made). To avoid delays in reimbursement, please complete this check request in its entirety.

Please remember to keep an extra copy of each form submitted for your records and as a backup (if needed).

SELECT ONE...

_____ *Return check to requestor*

_____ *Mail check to address listed on invoice attached (include extra copy of invoice)*

*Make Check Payable to: _____
(Print Name)

*Mail Check to: _____

*Chairperson's signature: _____
(Chairperson's signature/approval required)

TREASURER USE ONLY

Received Date

Check#

Sent Date

* = denotes required information