

Apex Band Boosters

Check Request Form

Amount of check: _____

Payable to: _____

(complete mailing address if appropriate)

For: _____

Budget Account: _____
(required!)

Person making request: _____
(printed name) (signature) (date)

Authorized By*: _____
(printed name) (signature) (date)

“Authorized By” must not be related to the Payee in any way.

Instructions

Fill in the amount of the check, who it is to be made out and sent to, what it's for and what budget account it is to be charged against. Attach the bill to be paid or the substantiating receipt if for reimbursement, sign and date the request, have the booster president or first vice president sign and date it, then submit it to the treasurer for payment. The check will be sent directly to the payee, typically within a week of the treasurer's receipt of the completed form. Incomplete forms will not be processed and will be returned to the originator.

Check Number: _____ Date: _____