

CHECK REQUEST FORM

West Forsyth Band Boosters

REQUESTER FILLS IN THIS SECTION :

Date of request _____

Person requesting _____

Make check payable to _____

Amount of check \$ _____

Purpose _____

Signature of requester _____

Note: If item has already been purchased, please attach receipt(s) to this form. Otherwise, provide receipt(s) as soon as possible after purchase. Approval must be obtained on all purchases. Failure to obtain approval may result in purchaser having to incur the expenses.

Approval _____ Date _____

FOR TREASURER'S USE ONLY

Date issued _____ Check number _____

Charged to what budget item _____

Comments _____

Treasurer's signature _____